

SPECIFYING AND TESTING A MULTI-DIMENSIONAL MODEL OF
PUBLICNESS: AN ANALYSIS OF MENTAL HEALTH AND SUBSTANCE ABUSE
TREATMENT FACILITIES

By

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degree of Doctor of Philosophy.

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Abstract

This study specifies and tests a multi-dimensional model of publicness, building upon extant literature in this area. Publicness represents the degree to which an organization has “public” ties. An organization’s degree of publicness is theoretically associated with four dimensions: political authority, social equity, external engagement, and transparency. In other words, an organization’s publicness is collectively based on the extent to which it is subject to political authority (Bozeman, 1987), as well as its level of: social equity; engagement with external enterprises that compel “morally governed behavior” (e.g., accreditation agencies); and openness.

Data on public and private (for-profit and non-profit) mental health and substance abuse treatment facilities collected from the 2011 National Survey of Substance Abuse Treatment Services (N-SSATS) provides the basis for conducting a series of confirmatory factor analyses (CFA). In addition, interviews with 21 senior managers of mental health and substance abuse treatment facilities throughout all regions of the United States are conducted and analyzed using general deductive analysis to understand the dimensions associated with publicness.

Considered together, quantitative and qualitative findings demonstrate support for a multi-dimensional conception of publicness. Specifically, quantitative findings support a three-factor structure—where the dimensions of political authority, social equity, and external engagement are distinct but related to aspects of publicness. Qualitative findings support the originally hypothesized four-factor structure. The

multi-dimensional model of publicness expands understanding of what constitutes a “public” organization beyond its governmental features (e.g., public ownership and public funding). In addition, multi-dimensional publicness may provide a more nuanced understanding of the full range of institutional features that distinctly shape organizational behaviors and performance outcomes of public value. Therefore, this study concludes by highlighting the public management implications associated with an organization’s publicness.

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Chapter 1: Introduction

Publicness: A Paradigm of Public Administration Research

The “foremost governing paradigm of public administration research is *publicness*” (Lan & Anders, 2000; Riccucci, 2010, p. 24, italics mine), which underscores an organization’s “public” ties (Bozeman, 1987). Publicness is a disciplinary paradigm because public administration scholars, both new and seasoned, share an intellectual curiosity about the public characteristics of government and private organizations serving society directly and indirectly (Moulton, 2010). This theoretical phenomenon is not without practical relevance. Institutions associated with publicness shape the behaviors and performance outcomes in all organizations (Bozeman, 1987). Moulton (2009) provides that publicness institutions distinctly contribute to specific types of behaviors and outcomes—those with public value implications and beneficial to society at large.

Public administration scholars recently highlighted the theoretical and practical importance of publicness at the 2008 Minnowbrook III Conference, a gathering devoted to “critical inquiry and honest examination of the field” (O’Leary, 2011, p. i3). Attendees, 56 individuals early in their academic careers (Gazley & Van Slyke, 2011), made a statement of commitment to “serve as change agents to uphold and shape the culture of Public Administration, a culture that is open minded to and appreciates multiple theoretical and methodological perspectives, *with an emphasis on ‘publicness’*” (DeHart-Davis et al., 2010, italics mine). Despite valuable theoretical and empirical

gains in this area, little research has considered the full range of factors that account for publicness in organizations. In other words, when scholars emphasize (an organization's) publicness in their research, to what organizational and environmental features are they referring?

The organization is the appropriate unit of analysis for studying publicness and the many outcomes associated with publicness (Bozeman & Moulton, 2011). "Certain outcomes are not so much the product of one individual organization but rather a 'set' of institutions in the environment that influence the outcome" (Bozeman & Moulton, 2011, p. 89). A more sophisticated conception of publicness, accounting for both organizational and environmental institutions, will better enable scholars to evaluate the direct and indirect effects of an organization's institutional structure on behaviors and performance outcomes (Bozeman & Bretschneider, 1994; Heinrich & Fournier, 2004). Simply put, the factors underlying organizational classification by degree of publicness require further empirical investigation (Antonson & Jorgensen, 1997).

Research Questions

The objective of this research is to specify and test a *multi-dimensional* model of publicness in the context of mental health and substance abuse treatment facilities. Specifically, this study seeks to answer the following questions:

- (1) What are the primary organizational and environmental factors (or dimensions) associated with publicness?¹
- (2) To what extent do the hypothesized factors collectively account for the variance of publicness in mental health and substance abuse treatment facilities?

Although not empirically confirmed in extant literature, theory provides that four dimensions are associated with the publicness construct: (1) *political authority*, (2) *social equity*, (3) *external engagement*, and (4) *transparency*. In other words, an organization's publicness is collectively based on the extent to which it is subject to political authority (Bozeman, 1987), as well as its level of: social equity; engagement with external enterprises that compel "morally governed behavior" (e.g., accreditation agencies) (Scott, 2008); and openness. The specification of multiple dimensions signifies that each factor captures a distinct aspect of publicness.

Advancements in publicness theory give rise to this research agenda. Scholars primarily associate publicness with the extent to which an organization is subject to political authority (Bozeman, 1987), that which is associated with government and authority grounded in the law (Easton, 1979). However, empirical studies have recently begun to employ an expansive set of non-traditional indicators—including those associated with public values—to examine the role of publicness in shaping

¹ The terms "dimensions" and "factors" have the same meaning and will be used interchangeably throughout the text.

organizational behaviors and outcomes (Antonsen & Jorgensen, 1997; Jørgensen & Bozeman, 2007). Put another way, the parameters of publicness have been translated into various alternative measures that, together, capture the full character of the construct. These empirical practices and research findings demonstrate that multiple factors work in concert with political authority to shape the publicness of organizations.

Contributions to the Literature

The multi-dimensional conception of publicness will better enable scholars to understand the degree to and respects in which an organization is public as well as the behaviors and performance outcomes that result from these publicness institutions. Bozeman's (1987) original definition of publicness—the extent to which an organization is subject to *political authority*—was based on a single dimension. In fact, public administration scholarship prior to and following Bozeman's seminal work has largely evaluated an organization's behavior based on its legal ownership or the presence of government institutions (Andrews, Boyne & Walker 2011; Nutt, 2006; Perry & Rainey, 1988; Rainey, Backoff & Levine, 1976; Rainey & Bozeman, 2000). This analytical approach is particularly useful if one is interested in the behaviors and performance outcomes of government organizations—but is a government-centered classification scheme useful for also understanding how private and third sector organizations (working on the citizenry's behalf) behave?

Because government organizations and public organizations are not one in the same (Frederickson, 1997), capturing an organization's publicness requires us to

identify institutions that are not exclusively associated with government, but that nonetheless enhance an organization's public ties. Accordingly, the extended lens through which this study seeks to understand an organization's degree of publicness is comprised of four theoretically based dimensions, three of which are *not* synonymous with features of government. Because each dimension captures a distinct aspect of publicness, the respects in which an organization is public is perhaps equally as critical (to outcomes) as degree. For example, two mental health organizations similar in terms of overall degree of publicness, but with varying levels of political authority and social equity institutions, may behave differently. Greater potential for variation in terms of organizational form surface when the degree and manner of publicness are simultaneously considered. This variation is empirically critical to understanding the institutional precursors to organizational outcomes. Quite simply, this research aims to advance public administration research by providing an empirical model that enables scholars to classify an organization's publicness in the full sense of the word.

Secondly, the multi-dimensional model may clarify, for organizational managers, the publicness dimensions (and associated institutions) critical to the achievement of *public* outcomes. Outcomes can be achieved by making the necessary changes to institutional design or appropriately "structuring" the organization (Moulton, 2009). The management of publicness is critical during this process (Bozeman & Moulton, 2011; Moulton, 2009). Put another way, making management decisions that shape an organization's institutional configuration and design—as it relates to publicness—can direct organizations toward the achievement of identified outcomes, particularly those

of public value (Moulton, 2009). Mental health and substance abuse treatment facility managers, for instance, can manage publicness by specifying a public outcome (e.g., helping individuals with mental illnesses become productive members in society) and then identifying—and strategically managing—publicness institutions (e.g., external engagement through interaction with local employers seeking to hire) that give rise to the identified outcome. Managing publicness thus requires managers to consider “what makes [their particular] organization likely to provide for public outcomes” (Moulton, 2009, p. 889). Higher levels of publicness, to be sure, do not necessarily lend themselves to the achievement of public outcomes. Rather, institutions associated with political authority, social equity, external engagement, and transparency—to the extent that they are identifiable and controllable—must be the foremost institutional considerations (albeit not necessarily maximized) during management decision-making. Simply put, managerial commitment to public values absent the consideration of an organization’s publicness may not be sufficient to achieve of public outcomes (Andrews et al., 2011; Berman & West, 2012; Bozeman, 2013; Hvidman & Andersen, 2014; see Meyer & Rowan, 1977; Khandwalla, 1977).

Thirdly, this research better positions scholars to determine an organization’s “realized publicness” potential, the extent to which an organization is structurally capable of achieving public outcomes (Moulton, 2009). Organizations are often classified according to legal ownership—public, private, or non-profit. While ownership has implications for organizational behavior and performance outcomes (Rainey et al., 1976; Rainey, 2012), this feature alone may not best capture an organization’s public

ties or value to the public. This is evident in the field of mental health and substance abuse treatment where nearly 90% of organizations are *not* government-owned, but nonetheless serve a critical role in society due in large part to their publicness. Scholars and practitioners interested in the organizational achievement of *public* outcomes, regardless of the sector affiliation of the organizations achieving these outcomes, may find the multi-dimensional conception of publicness particularly useful. This is especially meaningful amid the current era of governance in which governments and government organizations rarely provide public services independently (Ansell & Gash, 2008). Rather, these public enterprises often work collaboratively with private and non-profit organizations to achieve public objectives (Ansell & Gash, 2008). Therefore, an organization's ability to achieve or contribute to public outcomes may be most identifiable through the lens of multi-dimensional publicness (rather than ownership), specifically in terms of how its publicness structure aligns with the outcomes it is pursuing.

Preview of Subsequent Chapters

Chapter 2 will highlight the three primary approaches to organizational analysis, emphasizing why the dimensional approach (that which is associated with publicness theory) best positions public management scholars to understand the relationship between organizational form and outcomes. I also provide the theoretical framework for multi-dimensional publicness. In doing so, I highlight the relationships between individual dimensions (political authority, social equity, external engagement, and

transparency) and an organization's publicness. Chapter 3 provides justification for why the specified model is tested in the context of mental health and substance abuse treatment facilities. Afterwards, I present a series of context-specific and testable hypotheses regarding publicness. Each hypothesis serves as a critical building block in the model building process. Data collection and mixed-methodological procedures are also addressed in the third chapter. Chapter 4 provides results from quantitative and qualitative analyses. Qualitative analysis was employed to supplement statistical findings. Lastly, Chapter 5 provides a summary of results as well as addresses theoretical and practical implications, limitations and recommendations, and directions for future research.

Chapter 2: Literature Review and Theoretical Framework

Chapter Preview

Chapter 2 highlights the three primary approaches to organizational analysis—the generic, core, and dimensional. I address why the dimensional approach, that which is associated with publicness theory, best enables scholars to understand the effects of organizational form. The dimensional approach posits that organizations are not “purely public” or “purely private”, but rather more or less public. Advancements in publicness research indicate that institutions of political authority work in concert with institutions of social equity, external engagement, and transparency to shape the publicness of an organization. In other words, publicness is multi-dimensional. Emphasizing theory, I address why these four dimensions comprise the publicness construct. I also indicate how multi-dimensional publicness may contribute to understanding of the institutions associated with organizational achievement of public outcomes.

Approaches to Organizational Analysis

A growing body of literature examines the internal and external environmental factors that shape the structures, organizational behaviors, and performance outcomes in organizations (Perry & Rainey, 1988; Rainey et al., 1976; Rainey & Bozeman, 2000). Research in this area aims to explain the similarities and differences between varying

organizational types (e.g., public and private organizations) and employs one of three analytical approaches—the generic, core, and dimensional. Publicness theory centers on the dimensional approach. The limitations of the generic and core approaches to organizational analysis contributed to the emergence of the dimensional approach.

The Generic and Core Approaches to Organizational Analysis

The generic approach to organizational analysis maintains that differences between public and private organizations are inconsequential. All organizations, according to this approach, face similar constraints and challenges, resulting in similar behaviors and outcomes (Murray, 1975). Rainey and colleagues (1976) reject the generic approach and provide a more conventional distinction between public and private agencies in the core approach. Specifically, they contend that public and private organizations—by virtue of legal ownership (or sector affiliation)—differ in terms of internal structures and processes, environmental factors, and organization-environment transactions. Public organizations are funded by taxation and “en bloc” funds from political bodies, while private organizations generally rely on fees paid by customers (Andrews et al., 2011). As a result, public management decisions, agency priorities, and organizational outcomes are shaped by the citizenry and the political context of their work; whereas private organization management, priorities, and outcomes are largely dictated by their shareholders, customers, and the market economy (Nutt & Backoff, 1993; Walker & Bozeman, 2011). These behavioral differences that result in part from

legal ownership present implications for public management theory and practice (Rainey et al., 1976).

Although legal ownership shapes organizational behaviors and outcomes to a degree, the core approach to studying organizations may present limitations to organizational analysis (Bozeman & Bretschneider, 1994). Organizational outputs and outcomes are the product of structural features working in concert with ownership, rather than ownership alone (Heinrich & Fournier, 2004). In addition, the blurring of sectors and emergence of hybrid organizations presents challenges to analyzing organizations through the prism of ownership alone (Bozeman, 1987; Bozeman & Bretschneider, 1994; Dahl & Lindblom, 1953; Moulton, 2012; Wamsley & Zald, 1973).

The Dimensional Approach to Organizational Analysis.

Bozeman's (1987) theory on publicness highlights the dimensional approach to analyzing organizations (Dahl & Lindblom, 1953; see Wamsley & Zald, 1973) and maintains that purely public and purely private organizations do not exist (Bozeman & Bretschneider, 1994). An organization's publicness is based on the degree to which political authority—authority grounded in public law—affects its behavior (Bozeman, 1987; see Easton, 1965). Conversely, “an increase in constraint by economic authority increases the privateness of the organization” (Moulton, 2009, p. 890). In other words, “dimensional publicness theory assumes that ‘public’ and ‘private’ are at opposing ends of a continuum rather than dichotomous categories and that much can be understood

about organizations by knowing their particular mix of public and market-based authority resources” (Bozeman, 2013, p. 170; see Walker & Bozeman, 2011).

Although publicness is most often associated with hierarchical governmental control, publicness institutions extend to the private (Moulton, 2012; Moulton & Feeney, 2011) and non-profit sectors (Moulton & Eckerd, 2011) and across service function types (Antonsen & Jorgensen, 1997), making all organizations “public” in their basic nature, even if only to a small degree (Bozeman, 1987).

Publicness is not a single or discrete attribute (Bozeman, 1987). Rather, organizations are more or less public depending on their *legal ownership*, *sources of funding*, and *social control* (Andrews et al., 2011; Bozeman, 1987; Bozeman & Bretschneider, 1994). These features, when increasing an organization’s publicness, are largely a function of government actions or constraints and are complementary rather than exclusive (Bozeman, 1987; Heinrich & Fournier, 2004). In addition, these dimensions, operationalized as continuous variables identified *a priori* as being “public” (Bozeman & Bretschneider, 1994), identify important effects of the nature and degree of an organization’s publicness (Heinrich & Fournier 2004, p. 51).

The earliest publicness indicators provided by Bozeman and Bretschneider (1994) have been employed in numerous empirical studies to assess the effects of publicness. Indicators include whether or not an organization is legally owned by government, an organization’s percentage of resources from government (sources of funding indicator), frequency of communication with government (social control indicator), and the importance of government to organizational growth and survival

(social control indicator) (Bozeman & Bretschneider, 1994; Bozeman, Reed & Scott, 1992; Coursey & Bozeman, 1990; Emmert & Crow, 1987; Nutt & Backoff, 1993; Scott & Falcone, 1998). These empirical studies control for various organizational and environmental features (Walker & Bozeman, 2011).

The extent to which an organization “contributes to the achievement of public outcomes,” or *realized publicness*, also highlights its publicness (Moulton, 2009, p. 889). “Public outcomes are not limited to the outcomes of public programs or public initiatives, but include private activity that produces outcomes with public value implications” (Moulton, 2010, p. 318). Although defining what constitutes a public outcome has been up for debate and may vary from one organization to the next (Bozeman, 2007), it broadly refers to outcomes that benefit society at large (Moulton, 2009). Publicness is thus an outcome to be achieved in addition to an organizational input to be managed (Moulton, 2009; Moulton & Bozeman, 2011). As a result, Moulton (2009) calls for scholars to evaluate how publicness institutions provide for the realization of public values demonstrated by organizational behavior or outcomes.

Moulton’s (2009) “realized publicness” framework demonstrates that non-profit and private organizations, along with government organizations, can (be structured to) contribute to the achievement of public outcomes. Referencing Scott’s (2008) work on neo-institutional theory, Moulton (2009) provides that publicness institutions may be regulative, associative, or cultural cognitive. Publicness institutions are regulative to the extent that they are legally sanctioned and are associated with rules to influence agency behavior. For example, the resources an agency receives from government are

regulative institutions because resources carry stipulations that must be executed for continued funding (Bozeman & Bretschneider, 1994; Moulton, 2009). Associative institutions “involve the creation of expectations that introduce a prescriptive, evaluative, and obligatory dimension into social life” (Scott, 2008, p. 54). An agency’s involvement in networks and collaborative environments (Bozeman et al., 1992) are examples of associative institutions because they guide organizations toward certain social norms and behaviors (Scott, 2008). Cultural cognitive institutions center on “the creation of shared conceptions that constitute the nature of social reality and the frames through which meaning is made” (Scott, 2008, p. 57). Put differently, cultural cognitive institutions provide legitimacy to an agency’s existing culture (Scott, 2008; see Meyer & Rowan, 1977). Examples include an organization’s mission (Goldstein & Naor, 2005) and commitment to certain public values (Antonsen & Jørgensen, 1997; Jørgensen & Bozeman, 2007). These institutions do not operate independent of one another (Moulton, 2009). Rather, they combine to highlight identity and shape behaviors within the organization (Moulton, 2012). Even agencies operating in the same policy context may produce different outcomes by virtue of their adherence to varying publicness institutions (Moulton, 2012).

Scholars most frequently analyze the effects of publicness on organizational outcomes including those associated with: information technology (Bretschneider, 1990), strategic management (Bozeman & Straussman, 1990; Nutt & Backoff, 1993), ethical work climate (Wheeler & Brady, 1998; Wittmer & Coursey, 1996), managerial reforms and hollowing out (Antonsen & Jørgensen, 1997), collaborative public-private

partnerships (Andrews & Entwistle, 2010), productivity (Bozeman & Bretschneider, 1994), goal ambiguity (Chun & Rainey, 2005), quality management (Goldstein & Naor, 2005), organizational networks (Isett & Provan, 2005), internal resource acquisition functions (Scott & Falcone, 1998), and performance (Feeney & Welch, 2012).

Publicness is also associated with individual behavior (in the context of organizations) including: employee motivation (Brewer & Brewer, 2011), public service behaviors (Moynihan & Pandey, 2005), managerial decision making (Coursey & Bozeman, 1990), and the risk aversion of managers (Bozeman & Kingsley, 1998).

Publicness has also been utilized as a framework for studying policy outcomes with respect to mortgage lending (Moulton & Bozeman, 2011), transportation (Boschken, 1992), and substance abuse treatment (Heinrich & Fournier, 2004; Miller & Moulton, 2013).²

The Publicness Puzzle: Beyond Political Authority Institutions?

Based on a robust review of the literature, advancements in publicness theory underscore the need for an expanded publicness model. Early studies on publicness associate the construct almost exclusively with political authority. Theoretical and empirical research in this area has burgeoned, with scholars considering the role of non-traditional publicness institutions that work alongside political authority to shape

² Rainey (2011) and Bozeman and Moulton (2011) provide comprehensive reviews of empirical studies concerning the effects of publicness.

organizational behaviors and outcomes. The full range of publicness institutions is chiefly associated with four dimensions: (1) political authority, (2) social equity, (3) external engagement, and (4) transparency. This signifies that dimensions of publicness are *not* necessarily synonymous with features of government (Frederickson, 1997).

Rather, publicness institutions are also pre-governmental and associated with the “full range of human collective activities taking place outside of people’s private homes and distinct from the market” (Frederickson, 1997). In other words, the “governmental” (i.e., political authority) and “public” (i.e., social equity, external engagement, transparency) attributes of an organization indicate its publicness as opposed to governmental attributes alone.

Secondly, publicness can have modest effects on the outcomes in many organizational and policy settings (Boyne, 2002; Heinrich & Fournier, 2004; Moulton, 2009; Walker & Bozeman, 2011). These findings are generally the result of studies employing measures of publicness exclusively associated with political authority and not accounting for other relevant explanatory factors (Boyne, 2002). Moulton (2009) similarly provides that “current operationalizations of dimensional publicness are not sufficient to account for public outcomes, as would be predicted by the full underling theory of dimensional publicness” (p. 889).

A conception of organizational form as it pertains to publicness may fulfill the need for a more consistent approach to analyzing the effects of publicness on organizations (Meier & O’Toole, 2011). “It makes little sense for purposes of comparative analysis to use one definition of public for one organization and a

different definition of public for another” (Meier & O’Toole 2011, p. i285). Put another way, in order to maximize the empirical utility of publicness, it must be comprehensive and empirically identifiable (see Anderson, 2012).

Theoretical Framework: Multi-Dimensional Publicness

Specifying and testing a multi-dimensional model of publicness will build upon—and not substitute—its political authority foundation (Bozeman, 1987; Bozeman & Bretschneider, 1994). This unified model combines disparate “governmental” and “public” (or pre-governmental) factors identified in the literature in order to define the abstraction of publicness (Frederickson, 1997). The factors from which publicness emanates may be externally/environmentally imposed or internally instated (Miller & Moulton, 2013; Moulton, 2009). For example, political authority institutions provide external constraints on organizations (Bozeman, 1987, Bozeman & Bretschneider, 1994). Whereas the level at which an agency engages with external enterprises is generally an internal, managerial decision (see O’Toole, 1997).

Staying true to defining features of publicness theory, dimensions are not dichotomies, but continuous, and each may be applied to public, private, and non-profit organizations. The integration of multiple dimensions into a single model signifies the expectation that each factor will capture a distinct aspect of publicness. As a result, researchers will discover the degree to which each dimension—and the four dimensions collectively—contribute to an organization’s publicness structure and associated outcomes.

The reduced-form equation below highlights the expectation that institutions associated with multi-dimensional publicness contribute to the organizational achievement of public outcomes or “realized publicness” as Moulton (2009) puts it. In other words, just as institutions, generally speaking, influence organizational behaviors and outcomes; *publicness* institutions (appropriately structured and managed) may elicit *public* outcomes. The reduced-form model also recognizes that explanatory factors—political authority, social equity, external engagement, and transparency—are not independent of each other, not created equal, and dynamic as opposed to static. The proposed model is an approximation based on theory and is assumed to be measured with error. Figure 2.1 depicts the relationship amongst factors of publicness in a path diagram.

$$Y = f(P, S, E, T)$$

Where:

Y = Realized Publicness (organizational achievement of public outcomes)

P = Political Authority

S = Social Equity

E = External Engagement

T = Transparency

The Dimension of Political Authority

The extent to which an organization is constrained or empowered by political authority is central to its publicness (Bozeman, 1987). This dimension provides that the legal environment to which organizations are subjected requires adherence to the interests of political actors and, thus, the citizenry. The nature of political authority is often unclear given the fragmentation of authority that arises from the separation of powers among the three branches at all levels of government (Stillman, 1999). These often competing and conflicting governmental bodies are arguably the most critical constituency for any organization (Moynihan & Pandey, 2005; Waterman, Rouse & Wright, 1998). Organizations will respond more substantively to political entities that are perceived as having more direct top-down control over their budgets, structures, and decision making (see DiMaggio & Powell, 1983). Political authority may matter more than legal ownership when assessing organizational behavior (Bozeman, 1987; Bozeman et. al, 1992; Langbein, 2000), demonstrating why private agencies are shaped by their publicness in addition to other institutional motives (i.e., profit) (Andersen, 2012).

Political authority takes precedence over all other authority types (Bozeman, 1987) and may be specifically imposed on organizations through rule setting, monitoring, sanctioning activities, shifts in funding, auditing, the requirement to provide performance reporting, and other forms of legal oversight (Antonsen & Jorgensen, 1997). Political authority is not monolithic and organizations vary in their

strategic and institutionalized responses to such authority (Moulton, 2012). Some organizations “respond more readily to authority with clear cost-benefit implications, others to authority conferring institutionalized legitimacy, still others to authority that is culturally embedded...and finally others to authority that is conceived out of a participatory process” (Moulton 2012, p. 437).

Higher levels of political authority are associated with higher levels of an organization’s publicness.³ Examples of political authority indicators employed in empirical studies on the effects of publicness include: the extent to which an organization’s budget is comprised of government resources (Bozeman & Bretschneider, 1994; Chun & Rainey, 2005); Medicaid and Medicare funding (Heinrich & Fournier, 2004); and level of federal and state financial support in universities (Feeney & Welch, 2012).

Publicness theory has helped bridge the disconnect between public management and political science research, namely by underscoring the role of governmental institutions in shaping organizational behaviors and outcomes (Bozeman, 1987; Downs, 1967; Moynihan & Pandey, 2005; Pandey & Wright, 2006; Rainey & Steinbauer, 1999; Yang & Pandey, 2009). Yet there remains theoretical necessity to consider the broader institutional environment associated with an organization’s publicness. Theory indicates that political authority is a factor interacting with other publicness factors rather than the single source of publicness (Moulton, 2009). In fact,

³ Holding all other publicness factors constant.

political authority is associated with—and may give rise to—other dimensions of publicness. For instance, social equity institutions (i.e., equal employment opportunities) often emanate from political mandates (Svara & Brunet, 2005). Understanding the full impact of publicness may depend on our consideration of social equity, external engagement, and transparency as dimensions alongside political authority.

The Dimension of Social Equity

Social equity refers to the achievement of fairness and justice for the public. (Frederickson, 1971; Frederickson, 2010; Gooden & Portillo, 2010; Pitts, 2011; Svara & Brunet, 2005). An organization is equitable to the extent that it “serves the needs and demands of diverse social groups and classes constituting the public beyond the parochial interest of a select class or group” (Haque, 2001, p. 68). Guy and McCandless (2012) provide a comprehensive definition of social equity as

- (1) procedural fairness, meaning due process, equal protections and civil rights;
- (2) equity in the availability of services and benefits; (3) equity in the process of providing services and benefits; (4) equal level of outcomes for all groups; and
- (5) a guarantee of a place at the table to express views on policy choices and service delivery. (p. 512)

Although there are an array of definitions regarding what constitutes social equity (Frederickson, 1990), all underscore that each citizen, regardless of

socioeconomic status or demographic characteristics, should be given fair treatment by organizations and the broader political system (Shafritz, Russell & Borick, 2011).

Social equity is a dimension of publicness because as an organization becomes increasingly equitable—both procedurally and in outcomes—a greater segment of the public benefits from its services. More specifically, social equity institutions “improve the conditions of the least advantaged—those who lack economic and political resources—while sustaining democratic government and the viable market economy” (Frederickson, 1990, p. 231), thus bringing the administration of public policy in oneness with all segments of public (Frederickson, 1990; Gooden & Portillo, 2010). Although “social equity concerns fall naturally within the purview of public administration” (Guy & McCandless, 2012, p. 512), private and non-profit organizations may be highly equitable as well. These organizations may play a role in enhancing social equity in the administration of public services through agency policies, procedures, and practices, most notably when they provide contracted-out services on behalf of the government (Amirkhanyan, Kim & Lambright, 2008).

Social equity institutions are rooted in legal and policy imperatives, agency value preferences, organizational design preferences, and program implementation efforts (Frederickson, 1990; Svara & Brunet, 2005). These institutions are often utilitarian political and bureaucratic (Harmon, 1974; see Rawles 1971) and apply to administrative mechanisms/processes that either are or are not imposed by the external environment (Christensen, Szmer & Stritch, 2012; Pitts, 2009). They include, but are not limited to, equal employment opportunities, affirmative action measures,

protection of individual rights, equitable access to and distribution of public services, and diversity and representation within organizations (Andrews, Boyne, Meier, O'Toole & Walker, 2005; Frederickson, 1990; Gooden & Portillo, 2010; Keiser, Wilkins, Meier & Holland, 2002; Kingsley, 1944; Pitts, 2005; Pitts, 2007; Selden, 1997; Svava & Brunet, 2005). Simply put, social equity institutions systematically: extend primary services to recipients who would otherwise be overlooked; provide ancillary services that specifically benefit disadvantaged groups (e.g., providing clients assistance with obtaining social services); and enhance demographic representation within the organization (e.g., equal employment opportunities) which, in turn, enables the organization to more effectively serve a broader range of service recipients.

Higher levels of social equity are associated with higher levels of an organization's publicness.⁴ Examples of social equity indicators employed in previous empirical studies on the effects of publicness include: the level of importance an entity places on affordable home ownership for low income borrowers (Moulton & Feeney, 2011); the presence of homebuyer education and counseling agencies (Moulton & Feeney, 2011); an individual's ability to pay for organizational services (Antonsen & Jorgensen, 1997); and availability of off-site medical services in substance abuse treatment organizations (Heinrich & Fournier, 2004).

⁴ Holding all other publicness factors constant.

The Dimension of External Engagement

External engagement refers to the “morally governed” interactions an organization has with enterprises outside of its traditional structure (Moulton, 2009; Scott, 2008). It underscores organizational activities that forge relationships with external stakeholders that, in turn, oblige organizations to achieve public outcomes (Moulton, 2009). Even when relationships are not obligatory in nature, the growing complexity of organizational objectives often necessitates external engagement in order to achieve successful outcomes, particularly those of public value (Kettl, 2006). In fact, it is nearly impossible to find an organization in which its outcomes are the product of its individual efforts (Kettl, 2006). As Grubbs (2000) puts it, “an agency’s capacity to achieve public outcomes depends on its ability to establish meaningful, effective relationships with other institutions of governance” (p. 275). Although public and private organizations engage with external enterprises vertically through adherence to political control, external engagement here refers to horizontal engagement that is often associated with “governance” (Frederickson, 1999; Hill & Lynn, 2005; Lynn, Heinrich & Hill, 2000).

External engagement is associated with publicness because it enhances a principle organization’s likelihood of achieving public impact in service delivery (see Agranoff & McGuire 2003; Antonsen & Jorgensen, 1997; Nalbandian, 1999; O’Toole, 1997). Specifically, external engagement provides social pressure: to achieve outcomes of public value (Grubbs, 2000), to enhance public image and acceptance (Heinrich &

Fournier, 2004), to take part in ongoing social inquiry (Cooper, Bryer & Meek, 2006; Nabatchi, 2012), and for organizational personnel to think with a public-interest attitude (Nabatchi, 2012). Simply put, external engagement institutions better enable an organization to discover what constitutes the achievement of public outcomes (Nabatchi, 2010), and may increase its public value (Bardach, 2003).

External engagement may include organizational partnerships with accreditation agencies (Heinrich & Fournier, 2004); multi-organizational collaboration and networking (Agranoff & McGuire, 2003; O'Toole, 1997; Provan & Milward, 2001), particularly those aimed at the collective achievement of public outcomes; co-production of public services (Bovaird, 2007); and citizen engagement and participation in organizational processes, a process through which members of society influence organizational decisions (Bingham, Nabatchi & O'Leary, 2005; Cooper et al., 2006; Roberts, 2008).

Higher levels of external engagement are associated with higher levels of an organization's publicness.⁵ Examples of external engagement indicators employed in previous empirical studies on the effects of publicness include: collaboration with public agencies (Andrews & Entwistle, 2010), frequency of contact with community entities (Moulton & Feeney, 2011), university membership with high-reputation academic associations (Feeney & Welch, 2012), and collaboration network size (Feeney & Welch, 2012).

⁵ Holding all other publicness factors constant.

The Dimension of Transparency

Transparency takes on a number of related definitions in organizational studies. It is the ability to find out what is occurring inside of an organization (Piotrowski & Van Ryzin, 2007), the extent to which an organization conducts its affairs in the open (Birkinshaw, 2006), the degree to which an organization's working procedures are made visible to those not directly involved (Meijer, 2013), and public oversight achieved when individuals and groups outside of an organization can monitor activities and decisions undertaken within (Evans & Campos, 2013; Meijer, 2013). Each of these definitions associates transparency with organizational fostering of a "culture of openness" (Grimmelikhuijsen & Meijer, 2012).

A transparent organizational culture may be achieved both "actively" and "passively" (Grimmelikhuijsen & Meijer, 2012). Transparency is actively fostered when organizations proactively provide objective, relevant, and reliable information about its internal workings, such as decision processes, procedures, functioning, and performance (Grimmelikhuijsen & Meijer, 2012). Passive forms of transparency occur when agencies respond to external demands such as Freedom of Information requests (Grimmelikhuijsen & Meijer, 2012).

An organization's transparency is related to its publicness (see Perry & Rainey, 1988), as it produces external accountability by obliging organizations to function openly in the presence of the public, which includes citizens, service-delivery clientele, political bodies, interests groups, the media, and other stakeholders (Ball, 2009; Nutt

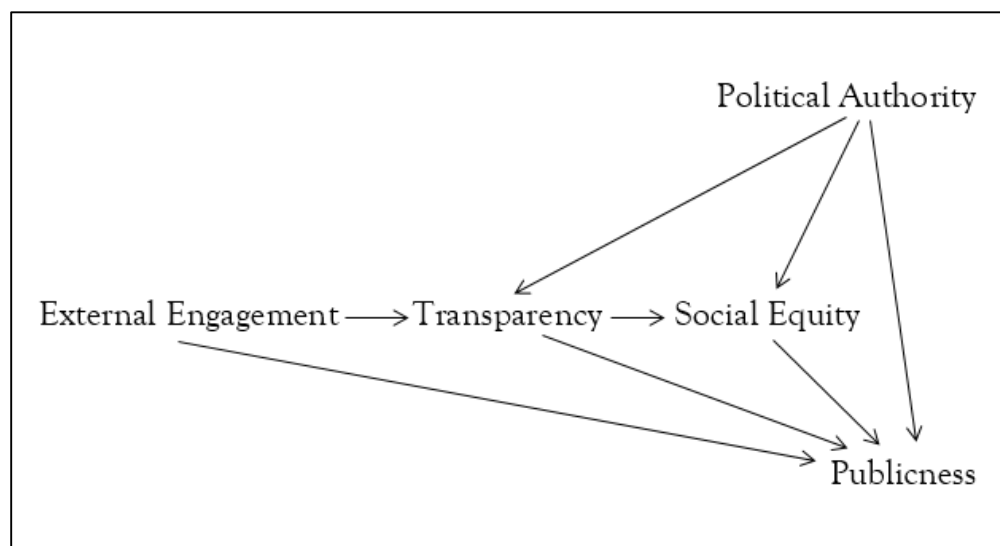
& Backoff, 1993; Meijer, 2009; Meijer, 2013; Meijer, Curtin & Hillebrandt, 2012).

Open functioning enables outsiders to arrive at informed judgments about an organization's effectiveness in addressing public problems (Evans & Campos, 2013) and ensures that organizational actors are adequately and appropriately working on behalf of service-delivery clientele and the broader public (Meijer, 2009). Furthermore, transparency institutions serve to create a fair and just administrative culture (Vigoda-Gadot & Mizrahi, 2008) and enhances public trust in an organization (Welch, Hinnant & Moon, 2005). Generally speaking, agencies emphasizing transparency operate under requirements that the public be informed, while less transparent agencies operate in greater secrecy, particularly in terms of organizational strategy (Meier & O'Toole, 2011).

Organizations have faced increasing imperative to be more open to the public regarding inputs and performance outcomes (Grimmelikhuijsen & Meijer, 2012). Specific mechanisms creating transparency emanate from hierarchical political authority and non-traditional public sources (Meijer, 2009; Pina, Torres & Royo, 2007), and vary from one organization to the next (Meijer, 2013). Structural features associated with transparency may include open meetings, highly visible budgeting processes, the proactive posting of information, the active and timely disclosure of information on websites, and whistle-blower protections (Mitchell, 1998; Piotrowski & Van Ryzin, 2007).

Higher levels of transparency are associated with higher levels of an organization's publicness.⁶ Transparency's place in the publicness construct has *not* been consistently demonstrated in empirical research, relative to the other three dimensions. However, transparency's association to publicness has been demonstrated theoretically (Perry, 2010). Examples of transparency indicators employed in empirical studies on the implicit effects of publicness include: the extent to which information is timely and comprehensible (Grimmelikhuijsen & Meijer, 2012); the perceived reliability of information on government websites (Welch et al., 2005); and the demand for online disclosure for more information about government policy or processes (Welch et al., 2005).

Figure 2.1: Theory-Based Model of Multi-Dimensional Publicness



⁶ Holding other publicness factors constant.

Figure 2.1 provides the proposed theoretical association amongst political authority, social equity, external engagement, and transparency—and their relationships to publicness. Because this research seeks to conceptualize publicness as a four-dimensional construct instead of one—a considerable theoretical leap—it is best to first empirically confirm whether these are in fact the dimensions of publicness. Put another way, this study values an incremental approach to theory building and seeks to test the acceptability of a four-factor publicness model. This, in turn, lays the groundwork for testing the structural model provided in Figure 2.1 in future studies.

Summary

This chapter introduced three primary approaches to organizational analysis in public management research. Publicness theory underscores the dimensional approach to organizational analysis, which maintains that organizations are not purely public or purely private (Bozeman, 1987). Rather, organizations fall at a point on a publicness-privateness continuum. According to existing literature, an organization's place on this continuum depends on the extent to which it is subject to political authority (Bozeman, 1987). However, a hard look at theoretical and empirical research indicates that factors shaping an organization's publicness extend beyond political authority institutions. The factors theoretically working in concert with political authority are social equity, external engagement, and transparency. The questions that arise from this research puzzle go beyond "to what extent is an organization public?" The *respects* in which an organization is public—its publicness structure—is also an important consideration.

Chapter 3 begins with a discussion on why mental health and substance abuse treatment facilities are an appropriate context to study the factors associated with publicness. In addition, hypotheses enable testing of expectations in this specific context. The third chapter also provides the research design and methodology employed to test the proposed multi-dimensional model. Specifically, I employ confirmatory factor analysis using secondary data from the 2011 National Survey of Substance Abuse Treatment Services (N-SSATS). Following quantitative analysis, I conduct interviews with 21 public and private senior managers of mental health and substance abuse treatment facilities. These interviews are analyzed through general deductive analysis.

Chapter 3: Hypotheses, Research Design, and Methodology

Chapter Preview

Up until now, publicness theory has been discussed in a manner generalizable to all organizations. Chapter 3 lays the groundwork for empirical analyses, beginning with justification for testing theoretical expectations in the context of mental health and substance abuse treatment. Afterwards, hypotheses specific to publicness in this health care context are presented. Each hypothesis serves as a critical building block in the model building process. Lastly, data collection and mixed-methodological procedures are outlined. Secondary data, gathered from the 2011 National Survey of Substance Abuse Treatment Services (N-SSATS), is tested using confirmatory factor analysis (CFA); while primary data from semi-structured interviews with 21 senior managers of mental health and substance abuse treatment organizations is analyzed utilizing deductive analysis. Qualitative analysis is employed to supplement quantitative findings.

The Context of Mental Health and Substance Abuse Treatment

I restricted empirical analysis to mental health and substance abuse treatment facilities located in U.S. states and territories. This allows me to focus on organizations providing a clearly defined, and highly relevant, set of health care services. Specifically, organizations providing prevention, treatment, and recovery support for clients

suffering from mental health and/or substance abuse illnesses and disorders are analyzed. This health context is the focus of this study for a number of reasons.

First, public debate on the role of government and private organizations in providing health care and social services has intensified, including in the areas of mental health and substance abuse treatment (Heinrich & Fournier, 2004). Access to and the effectiveness of these services are among the central themes of this debate due in part to growth in government financing of private health care services and the increasing number of individuals seeking these services (Heinrich & Fournier, 2004; Miller & Moulton, 2013; Wheeler & Nahra, 2000). These concerns are based on the expectation that private providers engage in activities that promote private interests at the expense of the public gain (Heinrich & Fournier, 2004). However, due to structural shifts in the health care industry, mental health and substance abuse treatment facilities are neither “purely public” nor “purely private” (Heinrich & Fournier, 2004). For example, many mental health and substance abuse treatment facilities in the private sector accept client payments associated with Medicare, Medicaid, and state-financed health insurance plans similar to their public sector counterparts. These and related structural institutions subject organizations to greater political authority, the lens through which publicness is most frequently analyzed, and contribute to the blurring of sectors (Bozeman, 1987; Bozeman & Bretschneider, 1994). Interestingly, the role of political authority institutions of publicness, such as legal ownership and funding from government, often play a small role in explaining program-level outcomes in mental health and substance abuse treatment facilities (see

Boyne, 2002; Heinrich & Fournier, 2004). Much of this may be explained by a paradox not uncommon in health services: recipients of services funded by government may never interact with a single government actor (Kettl, 2008).⁷ Kettl (2008) notes that “government does not so much run the Medicare and Medicaid programs as leverage them. Trying to leverage such complex programs without directly controlling the service delivery system is the hidden puzzle inside governance in the twenty first century” (p. 11). Conditions during which government is the funder but not the direct provider of services have implications for organizational outcomes (Kettl, 2008). Therefore, the governmental aspect is only one piece of the “puzzle inside governance” to which Kettl (2008) refers. Providing an expanded conception of publicness may better position scholars to explain outcomes that result from organizational form and modern-day governance.

Secondly, the practices of mental health and substance abuse treatment facilities are highly decentralized (Miller & Moulton, 2013). Even organizations in the same sector and adhering to identical government mandates may possess distinct publicness dispositions due to other relevant organization-specific institutions (e.g., inputs, processes), environmental institutions (e.g., accreditation agency standards), and

⁷ Kettl (2008) refers to this paradox as the “Mildred Paradox”.

outcomes.⁸ These decentralized practices provide variation essential to measuring multi-dimensional publicness.

Thirdly, mental health and substance abuse treatment facilities are publicly and privately (for profit-and non-profit) owned. In fact, the majority of mental health and substance abuse treatment facilities are private organizations. To recall, publicness theory is based on the premise that all organizations are public to some degree (Bozeman, 1987) and thus have structural features that enable them to provide for public outcomes (Moulton, 2009). Understanding the primary factors associated with publicness requires an analysis of organizations with varying sector affiliations—not public organizations alone. Although dimensions that apply to an organization’s publicness may be consistent across sectors, the *degree* to which each shapes an organization’s publicness may vary from one sector to the next. In other words, one publicness dimension may have the most substantive meaning for publicness in the private sector, amongst other statistically significant dimensions, while another dimension holds the most substantive meaning in the public sector. These considerations not only shed light on the foremost publicness institutions contributing to an organization’s form, it also has implications regarding the inputs and processes structurally available to impact the achievement of public outcomes (Moulton, 2009;

⁸ The term “publicness disposition” refers to an organization’s mix of political authority, social equity, external engagement, and transparency institutions. This term, as it is used in this study, is distinct from Moulton’s (2012) definition of publicness disposition.

see Scott, 2002). Because this analysis is conducted within a single service environment, legal ownership provides an identifiable point of variation in organizational form from which to assess the applicability of multi-dimensional publicness to all sectors. Legal ownership is not the sole structural feature shaping the degree to and manner in which an organization is public (Antonsen & Jorgensen, 1997; Bozeman & Bretschneider, 1994); however, it is a point of distinction that has guided much of public management research and is important to consider in this analysis (Rainey, 2012; Rainey et al., 1976; Rainey & Bozeman, 2000; Perry & Rainey, 1998). To be sure, measurement equivalence of the proposed model across sectors must ultimately be confirmed before a number of sector-based assumptions can be tested. Although testing measurement equivalence of the multi-dimensional publicness model is not the objective of this research, establishing whether publicness is comprised of four dimensions instead of one is a crucial first step that will aid future research in this regard.

Testable Hypotheses

The internal and external environments of mental health and substance abuse treatment facilities contain, at varying levels, institutional features associated with dimensions theorized in the multi-dimensional publicness model. Hypotheses 1-4 are concerned with statistically employing institutional indicators to measure each dimension. Discussion of hypotheses provide justification for why respective indicators

are prima facie related to the concepts of political authority, social equity, external engagement, and transparency in the mental health and substance abuse field.

Political authority institutions underscore the degree to which mental health and substance abuse treatment facilities are constrained or empowered by public law or government. In other words, the presence or absence of political authority institutions highlights an organization's exposure to legal authority. A facility's level of political authority is perhaps best captured by its acceptance of funding associated with federal- and state-level social insurance programs. Medicare is a federally administered social insurance program in the United States. It guarantees health insurance to Americans aged 65 and older, individuals with disabilities, and people with abnormal medical conditions (e.g., Amyotrophic lateral sclerosis, end state renal disease). Medicaid is a social health care program for individuals with low incomes. This program is jointly funded by the federal government and state governments and managed at the state level. The Affordable Care Act, signed into law in March 2010 "provides states an unprecedented opportunity to expand their Medicaid program to cover uninsured adults" (Sebelius 2013, p. s13). State-financed health insurance programs (other than Medicaid) are specifically designed for residents of a given state. Although state-funded health insurance programs are designed and administered by the state, the federal government jointly funds these programs as well.

Hypothesis 1a: Facilities accepting Medicare payments exhibit higher levels of political authority.

Hypothesis 1b: Facilities accepting Medicaid funding exhibit higher levels of political authority.

Hypothesis 1c: Facilities accepting a state-financed health insurance plan other than Medicaid exhibit higher levels of political authority.

Social equity institutions underscore the extent to which mental health and substance abuse treatment facilities are fair and just towards all segments of society. Socially equitable organizations behave in a manner whereby individuals, regardless of socioeconomic status or demographic characteristics, are treated impartially. A facility's utilization of social services highlights its level of social equity.

Hypothesis 2a: Facilities providing client assistance with obtaining social services exhibit higher levels of social equity.

Hypothesis 2b: Facilities providing employment counseling or training for clients exhibit higher levels of social equity.

Hypothesis 2c: Facilities providing assistance in locating housing for clients exhibit higher levels of social equity.

External engagement underscores mental health and substance abuse treatment facilities' interactions with outside enterprises that compel "morally governed" behavior, thereby enhancing their public value. Public outcomes are often achieved as the result of alliances an organization forges with external stakeholders (Grubbs, 2000; Kettl, 2006; Moulton, 2009; Scott, 2008). This is due in large part to the social pressures certain stakeholders place on the principal organization. A facility's membership to health service accreditation agencies captures this dimension. The National Committee for Quality Assurance, the Council on Accreditation, and the

Joint Commission of Accreditation of Health Care Organizations are chief accreditation agencies for mental health and substance abuse treatment facilities.⁹ The National Committee for Quality Assurance aims to “transform health care quality through measurement, transparency, and accountability”.¹⁰ Council on Accreditation has a mission of “[partnering] with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards”.¹¹ Lastly, the Joint Commission of Accreditation of Health Care Organizations seeks “to continuously improve health care for the public in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value”.¹²

Because mental health and substance abuse treatment facilities vary in terms of types of care, ages accepted, special programs/groups offered, and services, among other features, the applicable agencies from which they seek accreditation may also vary.

⁹ The Council on Accreditation of Rehabilitation Facilities (CARF) is an accreditation agency that is not included in this study to measure the external engagement of mental health and substance abuse treatment facilities. The 2011 National Survey of Substance Abuse Treatment Services indicator regarding facility membership to CARF maintained low correlation values with survey measures pertaining to facility membership with the three accreditation agencies included in this study (National Committee for Quality Assurance, Council of Accreditation, and Joint Commission of Accreditation for Health Care Organizations). Attaining moderate to high correlation values amongst indicators of a common factor is a prerequisite to conducting confirmatory factor analysis.

¹⁰ www.ncqa.org/AboutNCQA.aspx

¹¹ coanet.org/about/about-coa/

¹² www.jointcommission.org/about_us/about_the_joint_commission_main.aspx

Some organizations are not accredited by a single agency, while others are accredited by one or multiple agencies. Multiple hypotheses (as opposed to a single hypothesis that more generally captures accreditation/certification) reflect the variation of external engagement in mental health and substance abuse treatment facilities.

Hypothesis 3a: Facilities licensed, certified, or accredited to provide substance abuse services by the National Committee for Quality Assurance exhibit higher levels of external engagement.

Hypothesis 3b: Facilities licensed, certified, or accredited to provide substance abuse services by the Council of Accreditation exhibit higher levels of external engagement.

Hypothesis 3c: Facilities licensed, certified, or accredited to provide substance abuse services by the Joint Commission on Accreditation of Health Care Organizations exhibit higher levels of external engagement.

Transparency institutions underscore the extent to which mental health and substance abuse treatment facilities function openly in the presence of the public. Generally speaking, agencies emphasizing transparency operate under requirements that the public be informed, while less transparent agencies operate in greater secrecy (Meier & O'Toole, 2011). Indicators regarding a facility's web-based presence and accessibility capture its transparency.

Hypothesis 4a: Facilities with a website or web page with information about its substance abuse treatment programs exhibit higher levels of transparency.

Hypothesis 4b: Facilities listed in the *National Directory* and online Treatment Facility Locator exhibit higher levels of transparency.

Political authority, social equity, external engagement, and transparency are theorized as being positively associated with publicness. Therefore, whether or not a common construct—publicness—is shared is based on the degree to which dimensions hold positive relationships with one another, while also maintaining discriminant validity. Ability to assess the fifth hypothesis is contingent upon accurately measuring each dimension, thus confirmation of Hypotheses 1-4. Confirmation of the fifth hypothesis is the culmination of the model building process.

Hypothesis 5: Political authority, social equity, external engagement, and transparency are positively associated with one another.

Data & Methodology

I utilized quantitative (secondary) and qualitative (primary) data to test hypotheses. My population of interest when collecting secondary data was at the organizational level, that is, mental health and substance abuse treatment facilities. My population of interest during primary data collection was senior managers of mental health and substance abuse treatment facilities.

I employed three methodological components in this study: missing data imputation, confirmatory factor analysis, and deductive reasoning. For the quantitative portion of this analysis, I began with the imputation of missing data. Following missing data imputation, I conducted a series of confirmatory factor analyses (CFA) to test my hypotheses. The qualitative portion of this study used general deductive analysis to

examine semi-structured interviews with senior managers of mental health and substance abuse treatment facilities.

These approaches combine to form a mixed-methodological approach to understanding the concept of publicness. Mixed methodology enabled understanding of the factors associated with publicness to a degree that positivism (i.e., quantitative analysis) and interpretivism (i.e., qualitative analysis), independent of one another, might not allow (see Riccucci, 2010).

A discussion of quantitative data and methodology is followed by a discussion of qualitative data and methodology.

Collection of Quantitative Data

I collected quantitative data from the 2011 National Survey of Substance Abuse Treatment Services (N-SSATS) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the United States Department of Health and Human Services. The 2011 survey data was the most recent source when I began this study. Data is made available to the public on SAMHSA's official website (www.samhsa.gov). This particular questionnaire, 34th in a series of national surveys beginning in the 1970s, obtained data on the composition and character of facilities providing mental health, substance abuse treatment, and general health care services from March to October 2011.¹³ Responses were collected from and

¹³ The reference date for this survey is March 31, 2011.

concerning program-level, clinic-level, and multi-site facilities providing these services. Facilities range from independent organizations to practices located in or operated by hospitals and various forms of transitional housing. Additionally, facilities from all fifty states, the District of Columbia, and United States territories were contacted by SAMHSA regarding survey participation.

Responses to various survey questions, some of which were relevant to this study, were not made available on the public-use data files. SAMHSA indicates that data not immediately available to the public may be provided to a researcher under very limited and specific circumstances. I demonstrated what my use of the data would entail through e-mail correspondence with SAMHSA officials. This included completing a required data use agreement and providing a summary of my research. SAMHSA officials reviewed these documents and made a determination that my uses of the requested data were compatible with their confidentiality statute and the commitment made to their respondents. Non-public data cannot be re-released nor facilities contacted about their N-SSATS responses to these particular questions.

Restricting this study to mental health and substance abuse treatment facilities produces a final sample frame of 13,151 facilities, with 10.35% of these being public, 31.46% private for-profit, and 58.19% private non-profit. Of the 13,720 valid cases included in N-SSATS, I omitted facilities that focused on “general health care” and “other” services, and organizations owned by “tribal government”. These omissions reduced the sample frame by only 569 cases (4.1%).

Once the sample frame was narrowed, the objective during data collection and organization was to guarantee that the items ultimately included in this study to measure dimensions of publicness contained face and content validity.

For political authority, I included three *binary* indicators measuring whether or not client payments and insurance associated with Medicare, Medicaid, and a state-financed health insurance other than Medicaid are accepted at a facility. Funding from government is a traditional measure of publicness (Bozeman, 1987; Bozeman & Bretschneider, 1994). As indicated in the hypotheses, I expect each funding indicator to be positively associated with the political authority dimension.

Three *binary* indicators on ancillary services provided by mental health and substance abuse treatment facilities measure the social equity dimension. These variables indicate whether a facility offers: assistance with obtaining social services; employment counseling or training for clients; and assistance in locating housing for clients. These variables shed light on the support treatment facilities provide for disadvantaged clients. I expect each indicator to be positively associated with social equity.

Three *binary* variables on facility membership in accreditation agencies measure the external engagement dimension. Specifically, variables indicate whether a facility or program is licensed, certified, or accredited by the National Committee for Quality Assurance (NCQA), the Council on Accreditation (COA), and the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Engagement with these organizations provides pressure to adhere to social expectations, meet certain

performance standards, and to enhance public image or acceptance (Heinrich & Fournier, 2004). I expect each indicator to be positively associated with external engagement.

I include two *binary* variables to measure transparency. The first variable specifies if the facility has a website or webpage with information about its treatment programs. The second variable indicates whether or not eligible facilities want to be listed in the National Directory and online Treatment Facility Locator. These indicators reflect the extent to which a facility adheres to a culture of openness. I expect each indicator to be positively associated with transparency.

The model building process associated with CFA was met with a series of iterative conceptual and empirical considerations—notably the selection of indicators—which were justified before and after the confirmation or rejection of the proposed model (see Perry, 1996). Potential indicators not included in the final publicness model were eliminated on the basis of: (1) excessive amounts of missing data, (2) marginal correlation with other variables measuring the same latent factor, (3) multicollinearity with other variables measuring the same latent factor, (4) high correlation with variables associated with another factor, (5) not contributing to a dimensions content validity as it pertains to the context of mental health and substance abuse treatment facilities, and (6) low factor loading coefficients. Tetrachoric correlation matrices, used for binary data, highlight these preliminary considerations and convey the appropriateness of indicator employment (see Appendix B for descriptive statistics

and correlations). Table 3.1 lists all indicators considered during the process of testing a series of models, including the 11 items ultimately incorporated in this study.

Table 3.1: Indicators Considered for Measurement of Publicness

Item Label	N-SSATS Question
Political Authority	
PA1*	Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Medicare)?
PA2*	Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Medicaid)?
PA3*	Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (A state-financed health insurance plan other than Medicaid)?
PA4	This facility is operated by: (1) private for-profit organization (2) private non-profit organization (3) state government (4) local, county, or community government (5) tribal government (6) federal government?
PA5	Does this facility receive any funding or grants from the Federal Government, or state, county, or local governments to support its substance abuse treatment programs? (Do <u>not</u> include Medicare, Medicaid, or federal military insurance).
PA6	Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Federal military insurance such as TRICARE or Champ VA)?
PA7	Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Access to recovery (ATR) vouchers)?
PA8	Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (HIS/630 contract care funds)?

PA9	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (State substance abuse agency)?
PA10	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (State mental health department)?
PA11	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (State department of health)?
PA12	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (Hospital licensing authority)?
PA13	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (Another state or local agency)?
Social Equity	
SE1*	Which of the following services are provided by this facility at this location (Assistance with obtaining social services)?
SE2*	Which of the following services are provided by this facility at this location (Employment counseling or training for clients)?
SE3*	Which of the following services are provided by this facility at this location (Assistance in locating housing for clients)?
SE4	Which of the following services are provided by this facility at this location (Child care for clients' children)?
SE5	Which of the following services are provided by this facility at this location (Transportation assistance to treatment)?
SE6	Does this facility provide substance abuse treatment services in sign language at this location for the hearing impaired?
SE7	Does this facility provide substance abuse treatment in a language other than English at this location?
SE8	Please indicate the types of clients accepted into treatment at this location (Criminal justice clients).

SE9	Please indicate the types of clients accepted into treatment at this location (Lesbian, gay, bisexual or transgender (LGBT) clients).
SE10	Please indicate the types of clients accepted into treatment at this location (Seniors or older adults).
SE11	Does this facility offer treatment at no charge to clients who cannot afford to pay?
External Engagement	
EE1*	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (National Committee for Quality Assurance)?
EE2*	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (Council on Accreditation)?
EE3*	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (The Joint Commission)?
EE4	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (Commission on Accreditation of Rehabilitation Facilities)?
EE5	Is the facility or program licensed, certified, or accredited to provide substance abuse services by (Other organization; specify)?
Transparency	
TR1*	Does this facility have a website or web page with information about the facility's substance abuse treatment programs?
TR2*	If eligible, does this facility want to be listed in the <i>National Directory</i> and online Treatment Facility Locator?
TR3	Do you want the availability of a sliding fee scale published in SAMHSA Directory/Locator?
TR4	Do you want the availability of free care for eligible clients published in SAMHSA's Directory/Locator?
<i>*Items included in proposed and respecified publicness models.</i>	

Quantitative Methodology

Missing Data Imputation. Due in part to SAMHSA's quality assurance procedures during data collection (e.g., extensive follow-up, utilizing a self-editing web questionnaire), the response rate for the 2011 N-SSATS was 98% across 195 separate response categories, with only four categories having missingness exceeding 10%. In the sample frame used in this study, the item with the greatest missingness (EE1) had about a 90% response rate. In order to eliminate remaining non-responses in the 11 categories included in this study, I utilized simple (mean) imputation techniques. That is, missing data points were imputed with the mean of the variable with which they were associated. Because variables in this study are binary, they are imputed continuously and rounded to the nearest category, "0" or "1".¹⁴ I conducted this process individually for each sample included in my analysis. Mean imputation techniques are often not recommendable because they will underestimate sampling variability and make standard errors smaller—that is, they will make it easier to get significant results when none are present. This underestimation of sampling variability may also improve model fit in a biased manner. Many researchers instead recommend multiple imputation for missing data because it provides greater variability in observations assigned missing values (Graham, Cumsille & Elek-Fisk, 2003).

¹⁴ Imputed values were rounded to the nearest hundredth.

Nonetheless, due to the low missingness and binary nature of the data, simple imputation was conducted.¹⁵

Confirmatory Factor Analysis. Following simple imputation, I conducted a series of confirmatory factor analyses (CFA) using Mplus Version 7 software to test the measurement fit of the specified multi-dimensional publicness model. Confirmatory factor analysis, a large sample technique (Kline, 2011) examines the extent to which measures of a construct are consistent with a researchers understanding of the construct, which may be based on theory or previous empirical studies (Brown, 2006). Conducting a CFA obligates the researcher to have “an *a priori* sense of factors that represent a given construct” (Brown, 2006, p. 1). This study requires factor analyses of the observed indicators associated with correlated latent factors (political authority, social equity, external engagement, and transparency) and, in turn, the construct of publicness. Latent factors are the unobserved concepts that I am attempting to measure (Little, 2013). In other words, they are “invisible” constructs that I presume exist, but can only infer their existence from measures that are directly observed and quantifiable (Little, 2013). Factors are correlated because the combination of inter-

¹⁵ Miller and Moulton (2013) conduct simple imputation of missing binary data from the 2009 N-SSATS because it introduced the least amount of bias, compared to other imputation procedures.

relationships between factors underscores the essence of publicness, according to theory, and is a component of standard CFA measurement models.¹⁶

An absolute minimum of two indicators per latent factor is empirically required in CFA models with two or more factors (Kline, 2011). Little (2013) advocates for three indicators per factor, while Kenny (1979) provides that “two indicators *might* be fine, three is better, four is best, and anything more is gravy” (p. 143, emphasis in original). Empirical concerns of two indicators measuring a factor (e.g., measurement error) are minimized, though not eliminated, with large sample sizes (Kline, 2011).

The multi-dimensional publicness model, as specified, is absent of empirical under-identification. That is, the proposed model structure meets the criteria regarding the number of latent construct indicators necessary to conduct a CFA. The factors of political authority, social equity, and external engagement are each comprised of three indicators, while transparency contains two indicators.

I conduct CFA with multiple samples—all comprised of public, private, and non-profit organizations. Statistical analysis applied CFA to raw data with a *robust weighted least squares* estimation method.¹⁷ This method of estimation was used due to the categorical (binary) nature of the data.¹⁸

¹⁶ Standard CFA models comprised of correlated latent factors have been generated to highlight the primary dimensions associated with other public administration concepts, such as public service motivation (Perry, 1996).

¹⁷ Raw data was used as opposed to correlation or covariance matrices.

¹⁸ Output from analysis indicated that indicators were treated categorically.

Evaluative Criteria for CFA Models. During the process of evaluating parameter estimates of a model, one must also consider the model's overall acceptability. To be sure, "model fit should not be used to provide unjustified enthusiasm over the implied accuracy of a given model" (Little, 2011, p. 2). Rather, the researcher should hope to "identify a parsimonious, substantively meaningful model that fits observed data adequately well" (MacCallum & Austin, 2000, p. 218).

Statistical fit of a given model is indicated by the chi-square value; however, this estimate is highly sensitive to sample size (Brown, 2007; Kline, 2011; Little, 2013). Little (2013) provides that in analyses containing large sample sizes, "the chi-square test will be significant, indicating that the reproduced matrices are not statistically equal to the observed matrices" (p. 2). Therefore, in order to more accurately examine model fit, a series of alternative indices are considered. Alternative values recommended for reporting CFA model fit include RMSEA, CFI, and TLI/NNFI. The RMSEA provides indication of the misfit per degree of freedom and removes the effect of sample size. RMSEA values equal to and below .08 signify acceptable fit, while values equal to or below .05 indicate close fit (Little, 2013). This value also has the ability to calculate a 90% confidence interval around the point of estimate (Brown, 2006). CFI compares fit of the specified model to the baseline model and provides acceptable model fit at the .90-.95 range and close fit when values range from .95-.99 (Little, 2013). TLI/NNFI also compares a model to the baseline model and denotes acceptable fit when values range from .90-.95 and close fit when values range from .95-.99 (Little 2013).

The effects of each unobserved factor are shared in common with the indicators measuring that factor (Schreiber, Nora, Stage, Barlow & King, 2006). Therefore, lambda coefficients demonstrate whether the items assigned to measure a given dimension were grouped appropriately. Factor loadings fall between 0 and 1, with coefficients approaching 1 indicating greater variable contribution to a factor. Standardized factor loadings above .70 are preferred (Kline, 2011), while standardized factor loadings of .30 or above are still salient (Brown, 2006). “Factor loadings estimate the direct effects of factors on indicators and are interpreted as regression coefficients” (Kline, 2011, p. 231).

Correlations between factors should be positive, thus demonstrating convergent validity, but not excessively high (i.e., <.90) in order to demonstrate discriminant validity (Kline, 2011). In other words, low to moderate positive correlations amongst factors indicate their collective association to publicness (although the nature of these relationships are not analyzed), while also implying that factors tap into unique dimensions.

Collection of Qualitative Data

Senior managers of mental health and substance abuse treatment facilities were appropriate respondents for this study because they engage in the management of their organization’s internal operations and external environment. In other words, their hierarchical positions enable them to comment on the internal and environmental features of an organization’s publicness. Senior manager subordinates, middle

managers and front-line workers, are less involved in the organization's external environment. The entity holding senior managers accountable for their actions (i.e., board of directors, political authority figures) are less engaged in the internal and specialized operations of the organization.

Primary data collection associated with senior manager interviews was multi-staged, and included random and purposive sampling. This process commenced when I generated a document of facilities listed in the Mental Health Treatment Facilities Locator.¹⁹ The Locator generated 7,744 facilities and, for each, provided the organization name, address, telephone number, and website (if applicable). Facilities included in the Locator participated in the N-SSATS (the data from which quantitative data is drawn); however, facilities participating in the N-SSATS are not necessarily included in the Locator.²⁰ Upon retrieving a list of facilities, I randomly assigned each facility a number using STATA software and ordered facilities in a Microsoft Excel spreadsheet accordingly. Randomly assigned numbers dictated the order in which I contacted facility managers, although not the order in which managers responded to interview requests or in which interviews took place.

After submitting interview procedures to the Human Subjects Committee of Lawrence (the University of Kansas' Institutional Review Board), I contacted facility

¹⁹ I generated a document of facilities listed in the Mental Health Treatment Facilities Locator on December 3, 2013.

²⁰ Facilities included in the Locator may have also participated in the National Mental Health Services Survey (N-MHSS).

managers and inquired on their willingness to participate in a telephone interview over the phone at a time/date convenient for them.²¹ During instances when managers were initially contacted via telephone, I requested their e-mail address so that I could send a formal invitation with more information on the study. Whether managers were initially contacted via telephone or e-mail, all were e-mailed formal invitations on what the study would entail. The formal invitation, which indicated the purpose and goals of the study, enabled the manager to make an informed decision on whether or not he/she would like to participate. The formal interview invitation is provided in Appendix A.

Primary data collection was purposive in that I aimed to interview managers representative of mental health and substance abuse treatment facilities across the United States. Therefore, multiple interviews were conducted with managers from each of the four United States Census Regions: the Northeast, Midwest, South, and West.

In the end, I e-mailed formal interview invitations to 241 senior managers, with 21 volunteering to participate in a telephone interview. This produced a response rate of approximately 9%. Interviews were conducted over the telephone from December 17, 2013 – February 13, 2014 and averaged approximately 30 minutes in length, ranging from 21 to 44 minutes. 18 of the 21 managers were the most senior official in

²¹ The Human Subjects Committee of Lawrence determined on December 4, 2013 that interview procedures did not constitute “human research”. I was permitted to conduct interviews with facility managers as long as study procedures were not modified.

their organization (i.e., President & CEO, Executive Director, Acting Director, and Superintendent). The three remaining managers (i.e., Senior Vice President, Program Manager) all identified as senior managers, though not as the most senior member of their organization. Managers averaged 9.9 years of experience in their current positions, ranging 1-35 years. Additionally, managers oversaw an average of 556 personnel, ranging from 11-1,900 employees.

A notable limitation of primary data collection was that only 2 of the 21 interview participants were female even though they comprised 39.8% (96 out of 241) of the managers invited to participate in this study. As a result, female participation in this study was not representative of the broader sample that I contacted.²² What are the possible implications of findings given this study's disparity between the number of male and female respondents? Theoretically speaking, it could limit understanding of publicness to a male-dominated perspective (see Stivers, 2002). Although the primary objective of this study is not to uncover gendered perceptions of publicness, having only two females participate in interviews is a key limitation of this study.

The organizations represented by senior managers were diverse and provided additional opportunity to understand the factors associated with publicness from a

²² I was unable to locate data on the demographic make-up of senior managers in the field of mental health and substance abuse; therefore, I am unable to note whether or not female representation in this study was or was not reflective of the actual population. If we assume that the proportions of male and female managers invited to participate in this study is similar to the actual population, then this field is similar to other non-profit or advocacy groups where top executives are predominantly male.

variety of contexts. Based on regions designated by the United States Census Bureau, 7 facility managers lead facilities from the Midwest, along with 6 from the West, 4 from the Northeast, and 4 from the South. In addition to geographic diversity, 17 private non-profit and 4 public facilities were represented in these interviews.²³ 12 organizations were outpatient/day treatment/partial hospitalization facilities, 6 were residential treatment centers for children, 2 were state psychiatric hospitals, and 1 was a multi-setting (non-hospital) mental health facility.²⁴ In addition, the Mental Health Treatment Facilities Locator indicated that facilities included in this repository may vary in other organizational attributes including: special programs/groups offered (youth with serious emotional disturbance; transition-aged young adults aged 18-25; adults with serious mental illness; individuals with Alzheimer's or dementia; individuals with co-occurring mental and substance abuse disorders; individuals with post-traumatic stress disorder; veterans; individuals with traumatic brain injury; lesbian, gay, bisexual, or transgendered clients; forensic clients), special language services (ASL or other assistance for hearing impaired; Spanish; other languages), emergency services (crisis intervention team, psychiatric emergency walk-in services), forms of payment accepted

²³ Private for-profit managers were contacted regarding interview participation; however, none responded. Of the 7,774 facilities provided by the U.S. Substance Abuse and Mental Health Services Administration's Mental Health Treatment Facilities Locator, only 313 were private for-profit organizations. Facility samples were stratified based on region, as opposed to legal ownership, which may have contributed to there being no private for-profit organizations represented in primary data collection.

²⁴ The U.S. Substance Abuse and Mental Health Services Administration's Mental Health Treatment Facilities Locator provide types of facility.

(Medicaid, Medicare, client/patient fees, private health insurance), and payment assistance available (sliding fee scale, payment assistance). Table 3.2 provides descriptive statistics of managers and facilities associated with primary data collection.

Table 3.2: Descriptive Statistics for Primary Data

Characteristics	Freq.	Percentage
Manager Level		
<i>Years of experience in current position</i>		
≤ 5	8	38.1
6 - 10	7	33.3
11 - 15	2	9.5
16 - 20	0	0.0
21 ≤	4	19.0
<i>Number of employees overseeing</i>		
≤ 100	5	23.8
101 - 500	9	42.9
501 - 1,000	3	14.3
1,001 - 1,500	3	14.3
1,501 ≤	1	4.8
<i>Gender</i>		
Male	19	90.5
Female	2	9.5
Organizational Level*		
<i>United States Census Bureau regional location</i>		
Midwest	7	33.3
West	6	28.6
South	4	19.0
North	4	19.0
<i>Legal Ownership</i>		
Private non-profit	17	81.0

Public	4	19.0
<i>Organization Type</i>		
Outpatient/day treatment/partial hospitalization	12	57.1
Residential treatment centers for children	6	28.6
State psychiatric hospitals	2	9.5
Multi-setting (non-hospital) mental health facilities	1	4.8
<i>N=21</i>		
<i>*Managers interviewed are employed by the organizations associated with these statistics</i>		

Although the facilities represented by managers all aim to provide care and treatment services to better enable clients to recover from mental illnesses and substance abuse disorders, the missions of the organizations are diverse. Below is a representative selection of the organizational missions as articulated by the senior managers:

- ...Have high quality, innovative, affordable programs for the diverse communities the agency serves (Manager No. 05140108, personal communication, January 8, 2014).
- To empower the children and families of [confidential location]²⁵ through health services, prevention services, and mental health services (Manager No. 10140124, personal communication, January 24, 2014).

²⁵ The bracketed phrase “confidential location” indicates a location that I did not disclose per agreement with the interviewee and not a paraphrased comment made by the interviewee.

- Enhance and empower individuals and families in the community in a bicultural and bilingual way (Manager No. 12140128, personal communication, January 28, 2014).
- Promoting opportunities for discovery and recovery. Our mission and purpose is to provide publicly funded support and services for people who meet public mental health criteria with either severe mental illness, developmental disabilities, children with emotional disturbances, or people with substance abuse disorders (Manager No. 14140128, personal communication, January 28, 2014).
- Our mission is to work with persons who have severe mental illnesses, to provide them support, and help them in the pursuit of independence and getting back into the community (Manager No. 16140130, personal communication, January 30, 2014).
- We care for abused, neglected, and at-risk youth utilizing a continuum of services ranging from community based services to residential services (Manager No. 19140204, personal communication, February 4, 2014).
- To provide people with behavioral health problems with the widest array of person centered, recovery-oriented health and social services we can manage (Manager No. 20140205, personal communication, February 5, 2014).

Variation in the background of respondents and that of the organization they discussed benefitted the qualitative component of empirical analysis.

Semi-structured Interviews. Semi-structured interviews provided a managerial perspective of the factors that constitute publicness, a vantage point not captured by quantitative data. Knowing the degree to which managerial perceptions of publicness align with theoretical and quantitative findings is critical to our understanding of this construct. Interviews also allowed for discussion on the structuring and management of publicness necessary for organizations to achieve public outcomes. This is critical because publicness institutions can be used as a management tool to guide organizations to performance outcomes that benefit society at-large (Moulton, 2009). After providing the interviewee context for the study and asking for background information, the following questions were asked in this order:

1. Generally speaking, what does being a “public organization” mean to you?
2. What characteristics make *your* organization “public”?
3. What performance outcomes of your organization do the broader public feel are important?
4. What characteristics of your organization enable it to perform well in these areas?
5. Envision a scenario in which your organization is not performing well in the areas you just mentioned...

- a. As a manager, what strategies or activities do you put into place to improve performance in these areas?
 - b. What outside or external sources dictate your management decisions when you seek to improve performance in these areas?
- 6. Is there anything else about your organization's publicness that you think I should know?

Qualitative Methodology

General Deductive Analysis. I examined interview data through general deductive analysis during the qualitative stage of this study. This method—extremely well-suited for analyzing multifaceted phenomena (Elo & Kyngas, 2008)—enables a researcher to identify the degree to which themes that emerge from specific statements made by respondents are consistent with *a priori* assumptions (Thomas, 2006). In other words, deductive analysis (compared to inductive analysis) is less exploratory and concerned with testing whether data are consistent with theories and hypotheses previously identified by the researcher (Trochim & Donnelly, 2005). Deductive analysis also enables the researcher to identify interconnections amongst emerging themes as well as their contextual meaning (Moynihan, 2009). In other words, even though themes may be interconnected based on association to publicness in any field,

what specifically constitutes each publicness dimension in mental health and substance abuse treatment facilities may be different in another highly specialized context.

Deductive analysis requires the researcher to be forthright prior to and following analysis. Prior to the analysis, themes of the phenomena of interest must be conceptually grounded (Elo & Kyngas, 2008). Following analysis, the researcher should provide content of the themes described through sub-categories (Marshall & Rossman, 2010). It is also critical that the researcher indicate the themes that emerged that were not initially hypothesized and hypothesized themes that were not confirmed.

In this study, using deductive analysis allows for understanding of the factors associated with publicness through an alternative to quantitative analysis, yet an equally valuable method of inquiry. Moreover, deductive analysis allowed me to understand from a manager's perspective whether dimensions of publicness have practical implications for achieving public outcomes in mental health and substance abuse treatment facilities. This was achieved by noting the public outcomes resulting from pre-identified publicness themes highlighted in manager feedback.

Interviews were conducted and analyzed following quantitative analysis in order to supplement statistical findings. *Call Recorder*, an iPhone application which records phone calls for transcription purposes, was used if the interviewee consented.

Microsoft Word was used to transcribe interviews in their entirety, and Microsoft Excel was used to organize interview responses by theme (publicness dimensions). The deductively based cross-interview analysis conducted in Excel highlights the key themes in the order in which they were emphasized by each manager. The top 4 publicness

themes emphasized by each manager, and the common themes that emerged across all managers, are included in Table 4.11. This coding scheme also enabled me to easily account for themes not related to the specified publicness dimensions.

Summary

This chapter began with a discussion on why analysis of the factors associated with publicness is restricted to mental health and substance abuse treatment facilities. Testable hypotheses, which served as critical elements in the model building process, were also presented. Hypotheses 1-4 measured individual dimensions, while the fifth hypothesis measured the relationship amongst dimensions. Afterwards, secondary and primary data collections and mixed-methodological procedures were introduced. Chapter 5 will provide the results of the quantitative and qualitative aspects of this study.

Chapter 4: Analysis and Results

Chapter Preview

Chapter 4 will report the results of quantitative and qualitative analyses. The quantitative aspect of this study employed confirmatory factor analysis, utilizing data from the 2011 National Survey of Substance Abuse Treatment Services. General deductive analysis of interviews with senior managers of public and private (non-profit) mental health and substance abuse treatment facilities enabled qualitative evaluation of theoretical expectations. Quantitative findings indicate that the construct of publicness is multi-dimensional, comprised of three factors—political authority, social equity, and external engagement. Analysis of interviews with senior managers indicate that publicness is comprised of all four of the hypothesized dimensions.

Quantitative Analysis and Results

This study employed confirmatory factor analysis to quantitatively test the theory of multi-dimensional publicness in the context of mental health and substance abuse treatment facilities. To recall, the proposed model was comprised of four *correlated* latent factors (or dimensions)—political authority, social equity, external engagement, and transparency.

As indicated in Chapter 3, indicators are gathered from the 2011 National Survey of Substance Abuse Treatment Services (N-SSATS) and reflect the presence/absence of organizational (internal) and environmental (external) sources of

publicness in treatment facilities. They also correspond with the hypotheses. For example, *Hypothesis 1a* states “Facilities accepting Medicare payments possess higher levels of political authority”. The indicator used to examine this hypothesis, Political Authority 1 (PA1), reads, “Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Medicare)?” The indicators associated with each publicness dimension, all binary variables, are listed below and are presented as they appear in N-SSATS. Table 4.1 provides hypotheses along with corresponding dimension indicators and expected outcomes.

Political Authority

PA1: Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Medicare)?

PA2: Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (Medicaid)?

PA3: Which of the following types of client payments or insurance are accepted by this facility for substance abuse treatment (A state-financed health insurance plan other than Medicaid)?

Social Equity

SE1: Which of the following services are provided by this facility at this location, that is, the facility listed on the front cover? (Assistance with obtaining social services)?

SE2: Which of the following services are provided by this facility at this location, that is, the facility listed on the front cover (Employment counseling or training for clients)?

SE3: Which of the following services are provided by this facility at this location, that is, the facility listed on the front cover (Assistance in locating housing for clients)?

External Engagement

EE1: Is this facility or program licensed, certified, or accredited to provide substance abuse service by any of the following organizations (National Committee for Quality Assurance)?

EE2: Is this facility or program licensed, certified, or accredited to provide substance abuse service by any of the following organizations (Council on Accreditation)?

EE3: Is this facility or program licensed, certified, or accredited to provide substance abuse service by any of the following organizations (The Joint Commission on Accreditation of Health Care Organizations)?

Transparency

TR1: Does this facility have a website or web page with information about the facilities substance abuse treatment programs?

TR2: If eligible, does this facility want to be listed in the *National Directory* and online Treatment Facility Locator?

Table 4.1: Hypotheses, Indicators, and Expected Outcomes

Hypotheses	Indicators	Expected Outcomes
1a-1c	PA1, PA2, PA3	Positively associated with "Political Authority"
2a-2c	SE1, SE2, SE3	Positively associated with "Social Equity"
3a-3c	EE1, EE2, EE3,	Positively associated with "External Engagement"
4a-4b	TR1, TR2	Positively associated with "Transparency"

5	Political Authority, Social Equity, External Engagement, Transparency	Positively correlated with one another
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Generation of Split Samples

I obtained *three* split samples—all comprised of government, private, and non-profit mental health and substance abuse treatment facilities—in order to conduct multiple factor analyses. Sample construction began when I randomly selected 1,000 government, 1,000 private for-profit, and 1,000 private non-profit organizations and included them in a single sample (N=3,000). From here, I randomly created 3 samples, each containing 1,000 cases and a relatively even distribution of government, private, and non-profit organizations. This purposive sampling approach was executed because the percentage of government-owned mental health and substance abuse treatment facilities is only 10.35%.²⁶ A purely random selection of organizations, although unbiased and reflective of the true population, would all but eliminate the presence of public organizations during quantitative analysis, a concern for a study on publicness in which the literature is largely grounded in research on government organizations. Some form of purposive sampling, according to Dicke (2002), may be appropriate to ensure that units of analysis that display certain attributes (i.e., government ownership) are better captured during analysis. To be sure, two-thirds of each sample was

²⁶ 5.51% local, county, and community; 2.65% state; and 2.19% federal

comprised of private for-profit and non-profit organizations, not vastly unreflective of the true population of these health care facilities. Although this split-sample method provides opportunity to cross-validate (within the same organizational context) findings from identical models, Hurley and colleagues (1997) provide that a more robust cross-validation in CFA would occur if the multi-dimensional publicness model was confirmed in a different field (e.g., education).

I generated split samples using STATA 12.1 software prior to assessing model fit in Mplus Version 7. To reiterate, simple (mean) imputation was conducted individually for each sample. Table 4.2 provides organizational characteristics for each sample. Descriptive statistics and correlations for each sample are provided in Appendix B.

Table 4.2: Organizational Characteristics for Split Samples

Organizational Characteristics	Sample 1	Sample 2	Sample 3
Sector			
Public	33.4%	34.5%	32.1%
Private	33.7%	30.9%	35.4%
Non-profit	32.9%	34.6%	32.5%
Region			
South	32.8%	30.5%	31.9%
West	24.8%	25.7%	29.2%
Midwest	22.2%	21.3%	21.8%
Northeast	18.6%	21.0%	16.2%
U.S. Territory	1.6%	1.5%	0.9%
Focus			
Substance abuse treatment services	58.5%	58.5%	60.1%
Mental health services	6.5%	6.3%	7.0%

Mix of mental health and substance abuse treatment services	35.0%	35.2%	32.9%
Political authority features*			
Facilities accepting Medicare payments.	33.1%	35.6%	32.8%
Facilities accepting Medicaid funding.	56.0%	58.9%	55.6%
Facilities accepting a state-financed health insurance plan other than Medicaid.	39.1%	44.6%	41.0%
Social equity features*			
Facilities providing client assistance with obtaining social services.	52.8%	55.5%	51.7%
Facilities providing employment counseling or training for clients.	35.6%	36.3%	35.3%
Facilities providing assistance in locating housing for clients.	45.5%	48.4%	48.5%
External engagement features*			
Facilities licensed, certified, or accredited to provide substance abuse services by the National Committee for Quality Assurance.	4.1%	3.1%	3.8%
Facilities licensed, certified, or accredited to provide substance abuse services by the Council of Accreditation.	5.2%	4.4%	6.2%
Facilities licensed, certified, or accredited to provide substance abuse services by the Joint Commission on Accreditation of Health Care Organizations.	23.2%	21.2%	22.5%
Transparency features*			
Facilities with a website or web page with information about its substance abuse treatment programs.	74.4%	76.0%	74.5%
Facilities listed in the National Directory and online Treatment Facility Locator.	92.9%	93.7%	92.6%
<i>N range=882-1,000</i>			

*Figures reflect percentages prior to imputation			
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Split Sample 1 Findings

The first sample contained 1,000 cases. 334 organizations are operated by government; 337 are private for-profit; and 329 are private non-profit. Most organizations in this sample are located in the United States Census-defined South region with 328 cases, while the West, Midwest, and Northeast regions are represented by 248, 222, and 186 facilities, respectively. The remaining 16 facilities are located in United States jurisdictions or territories. In terms of service focus, 585 facilities provide substance abuse treatment services, 65 provide mental health services, and 350 provide a mix of mental health and substance abuse treatment services.

The goodness of fit indices for the first split-sample are *acceptable* ($\chi^2 = 214.819$, $p < .01$, $df=38$; RMSEA=.068 [.059, .077]; CFI = .928; TLI/NNFI = .896). Parameters also generally support the fit of the proposed publicness model. Lambda coefficients demonstrate that the items assigned to measure a given dimension were grouped appropriately. Standardized factor loadings, all significant at the .05 level, range from .70 to .95 for political authority, .71 to .90 for social equity, .46 to .95 for external engagement, and .63 to .73 for transparency. The r-square range is from .21 to .90, signifying considerable variation of reliabilities. The third indicator for external engagement (EE3) has the lowest r-square value. Findings support the hypothesized relationships amongst publicness dimensions, as indicated by significant ($p < .05$) latent

factor correlations ranging from .16 to .41. Low to moderate positive correlations amongst factors indicate their collective association to publicness (although the nature of these relationships is not analyzed), while also implying that factors tap into unique dimensions. Exceptions include the social equity-external engagement ($r = .03, p > .05$) and external engagement-transparency ($r = .02, p > .05$) relationships. Table 4.3 provides the goodness of fit indices and parameter estimates for the CFA associated with the first sample.

Table 4.3: Split Sample 1 Confirmatory Factor Analysis Results

Coefficients		Stand. Est. (SE)*	t-values	R-squares
Political Authority				
Lambda	PA1	0.77 (0.04)	22.14	0.59
	PA2	0.95 (0.03)	28.03	0.90
	PA3	0.70 (0.04)	19.75	0.49
Social Equity				
Lambda	SE1	0.90 (0.03)	10.02	0.87
	SE2	0.71 (0.03)	22.32	0.50
	SE3	0.88 (0.03)	32.48	0.77
External Engagement				
Lambda	EE1	0.95 (0.10)	10.02	0.90
	EE2	0.78 (0.08)	9.25	0.61
	EE3	0.46 (0.07)	6.39	0.21
Transparency				
Lambda	TR1	0.73 (0.18)	4.02	0.53
	TR2	0.63 (0.17)	3.79	0.39
Correlations of Dimensions				
Psi	PA/PA	1.00**		
	SE/SE	1.00**		

	EE/EE	1.00**	
	TR/TR	1.00**	
	PA/SE	0.31 (0.04)	7.03
	PA/EE	0.41 (0.06)	6.63
	PA/TR	0.16 (0.07)	2.31
	SE/EE	0.03 (0.07)	0.37
	SE/TR	0.23 (0.08)	3.07
	EE/TR	0.02 (0.12)	0.21
Variances of Error			
Theta	PA1	0.41 (0.05)	11.07
	PA2	0.09 (0.06)	14.01
	PA3	0.51 (0.05)	9.88
	SE1	0.18 (0.05)	16.44
	SE2	0.50 (0.05)	11.16
	SE3	0.24 (0.05)	16.24
	EE1	0.10 (0.18)	5.01
	EE2	0.39 (0.13)	4.63
	EE3	0.79 (0.07)	3.19
	TR1	0.47 (0.26)	2.01
	TR2	0.61 (0.21)	1.89
Goodness of Fit Indices			
$\chi^2 = 214.82, p < .01, df=38; RMSEA=.068 [.059, .077]; CFI=.93; TLI=.90$			
<i>*robust weighted least squares estimate</i>			
<i>**constrained parameter</i>			

Split Sample 2 Findings

The second sample of treatment facilities contained 1,000 cases. 345 facilities are government owned; 309 are private for-profit; and 346 have third sector affiliation. Organizations in the South region comprise the majority of this sample with 305 cases

while the West, Midwest, and Northeast regions are represented by 257, 213, and 210 facilities, respectively. 15 facilities are located in United States jurisdictions or territories. In terms of service focus, 585 facilities provide substance abuse treatment services, 63 provide mental health services, and 352 provide a mix of mental health and substance abuse treatment services.

The goodness of fit indices suggest *close* fit ($\chi^2 = 110.131$, $p < .01$, $df=38$; RMSEA=.044 [.034, .053]; CFI = .967; TLI/NNFI = .952). In addition, parameters generally support the fit of the proposed publicness model in the second sample. Lambda coefficients indicate that the indicators assigned to measure a given dimension were appropriately grouped. Standardized factor loadings, all significant at the .05 level, range from .76 to .91 for political authority, .67 to .89 for social equity, .31 to .91 for external engagement, and .43 to .53 for transparency. However, an external engagement factor loading (EE3) barely crosses the .30 threshold recommended by Brown (2006). The r-square range is from .10 to .83, indicating considerable variation of reliabilities. In addition to the model's overall close fit, findings are strong regarding the hypothesized correlations amongst publicness dimensions, as indicated by significant ($p < .05$) latent factor correlations ranging from .25 to .48. Low to moderate correlations amongst factors indicate their collective association to publicness, while also implying that factors tap into unique dimensions. The only insignificant latent factor correlation is found between social equity-external engagement ($r = .13$, $p > .05$). Table 4.4 provides the goodness of fit indices and parameter estimates for the model resulting from the second sample.

Although fit indices and parameter estimates associated with the second sample indicate close fit, it is important to discuss the data concerns that are unique to this sample. These concerns lead me to accept the results, but with a level of caution. The tetrachoric correlation between the first external engagement measure (EE1) and the second transparency measure (TR2) approaches 1.0 (see Appendix B). However, a close look at the means of EE1 and TR2 (and examination of the tetrachoric correlations of these indicators in Samples 1 and 3) demonstrate that the correlation level provided may not accurately reflect the true relationship held by these indicators. Given that the estimation process may become complicated due to the presence of highly skewed indicators (Brown, 2006), the highly asymmetrical distributions of EE1 (mean = .028) and TR2 (mean = .937) may have impacted the model results, making them appear better than they are in actuality.

Table 4.4: Split Sample 2 Confirmatory Factor Analysis Results

Coefficients		Stand. Est. (SE)*	t-values	R-squares
Political Authority				
Lambda	PA1	0.76 (0.04)	21.91	0.58
	PA2	0.91 (0.03)	28.44	0.82
	PA3	0.78 (0.03)	23.50	0.61
Social Equity				
Lambda	SE1	0.89 (0.03)	28.41	0.79
	SE2	0.67 (0.04)	18.94	0.45
	SE3	0.87 (0.03)	28.32	0.76
External Engagement				
Lambda	EE1	0.91 (0.15)	6.06	0.83

	EE2	0.67 (0.04)	5.65	0.45
	EE3	0.31 (0.03)	3.76	0.10
Transparency				
Lambda	TR1	0.53 (0.11)	4.60	0.28
	TR2	0.43 (0.10)	4.31	0.19
Correlations of Dimensions				
Psi	PA/PA	1.00**		
	SE/SE	1.00**		
	EE/EE	1.00**		
	TR/TR	1.00**		
	PA/SE	0.25 (0.05)	5.50	
	PA/EE	0.35 (0.09)	3.95	
	PA/TR	0.48 (0.12)	4.12	
	SE/EE	0.13 (0.09)	1.45	
	SE/TR	0.25 (0.10)	2.53	
	EE/TR	0.47 (0.13)	3.50	
Variances of Error				
Theta	PA1	0.42 (0.05)	10.95	
	PA2	0.18 (0.06)	14.22	
	PA3	0.39 (0.05)	11.75	
	SE1	0.21 (0.06)	14.21	
	SE2	0.55 (0.05)	9.47	
	SE3	0.24 (0.05)	14.16	
	EE1	0.17 (0.28)	3.03	
	EE2	0.55 (0.16)	2.82	
	EE3	0.90 (0.05)	1.88	
	TR1	0.72 (0.12)	2.30	
	TR2	0.81 (0.10)	2.16	
Goodness of Fit Indices				
$\chi^2 = 110.13, p < .01, df=38; RMSEA=.044 [.034, .053]; CFI=.97; TLI=.95$				
*robust weighted least squares estimate				
**constrained parameter				

Split Sample 3 Findings

The third sample of treatment facilities contained 1,000 cases. 321 organizations are operated by government; 354 are private for-profit; and 325 are private non-profit. Facilities in the South region comprise the majority of this sample with 319 cases, while the West, Midwest, and Northeast regions are represented by 292, 218, and 162 facilities, respectively. 9 facilities are located in United States jurisdictions or territories. In terms of service focus, 601 facilities provide substance abuse treatment services, 70 provide mental health services, and 329 provide a mix of mental health and substance abuse treatment services.

The goodness of fit indices for the third split-sample suggests *close fit* ($\chi^2 = 108.875$, $p < .01$, $df=38$; RMSEA=.043 [.034, .053]; CFI = .967; TLI/NNFI = .952). However, parameters do *not* support the fit of the proposed model in the third sample. The factor loadings range from .71 to .91 for political authority, .73 to .90 for social equity, .47 to .89 for external engagement, and .26 to 1.52 for transparency. The t -values for all factor loadings are significant at the .05 level, with the exception of transparency indicators. Interestingly, the factor loading of the first transparency indicator exceeds 1. This result, known in methodological research as a Heywood case, may occur for a number of reasons and is not uncommon in factor analysis results (Kolenikov & Bollen, 2012). Kline (2011) notes that Heywood cases are more likely to emerge when there are only two indicators for a factor. In this research, the factor of

transparency was under-identified in light of the data. Because only two indicators measure transparency, one indicator essentially contributes to the factor at a level that is practically impossible. Indicators cannot contribute to a factor more than 100%. The empirical contribution of indicators is more accurately captured when more than two indicators measure a factor. Even though the Heywood case did not emerge in the first two samples, having two indicators measure the dimension of transparency is a limitation of this research. This limitation may be purely empirical and not associated with the theory underlying the model. The r-square range, excluding TR1, is from .07 to .84.

Findings do not achieve the hypothesized relationships amongst publicness dimensions, likely the result of the Heywood case. Exceptions include the empirical relationships between political authority-social equity ($r=.26$, $p < .05$) and political authority-external engagement ($r=.26$, $p < .05$). Regardless of overall goodness of fit indices and any acceptable parameter estimates, the existence of the Heywood case indicates the data does *not* converge with the model. Table 4.5 provides the goodness of fit indices and parameter estimates for analysis of third sample.

Table 4.5: Split Sample 3 Confirmatory Factor Analysis Results

Coefficients		Stand. Est. (SE)*	t-values	R-squares
Political Authority				
Lambda	PA1	0.80 (0.04)	22.96	0.64
	PA2	0.91 (0.03)	26.87	0.84
	PA3	0.71 (0.04)	20.32	0.50
Social Equity				

Lambda	SE1	0.84 (0.03)	28.02	0.71
	SE2	0.73 (0.03)	22.45	0.53
	SE3	0.90 (0.03)	31.39	0.82
External Engagement				
Lambda	EE1	0.89 (0.12)	7.49	0.80
	EE2	0.67 (0.10)	6.96	0.45
	EE3	0.47 (0.08)	5.85	0.22
Transparency				
Lambda	TR1	1.53 (1.33)	1.15	undefined
	TR2	0.26 (0.23)	1.13	0.07
Correlations of Dimensions				
Psi	PA/PA	1.00**		
	SE/SE	1.00**		
	EE/EE	1.00**		
	TR/TR	1.00**		
	PA/SE	0.26 (0.05)	5.87	
	PA/EE	0.23 (0.08)	2.82	
	PA/TR	0.08 (0.08)	1.05	
	SE/EE	-0.03 (0.08)	-0.42	
	SE/TR	0.14 (0.13)	1.08	
	EE/TR	-0.07 (0.09)	-0.80	
Variances of Error				
Theta	PA1	0.37 (0.06)	11.48	
	PA2	0.16 (0.06)	13.43	
	PA3	0.50 (0.05)	10.16	
	SE1	0.29 (0.05)	14.01	
	SE2	0.47 (0.05)	11.23	
	SE3	0.18 (0.05)	15.70	
	EE1	0.20 (0.21)	3.75	
	EE2	0.55 (0.13)	3.48	
	EE3	0.78 (0.07)	2.93	
	TR1	-1.33 (1.23)	undefined	
	TR2	0.93 (0.12)	0.57	

Goodness of Fit Indices

$\chi^2 = 108.88, p < .01, df=38; RMSEA=.043 [.034, .053]; CFI=.97; TLI=.95$

**robust weighted least squares estimate*

***constrained parameter*

Representative Sample Findings

The proposed multi-dimensional publicness model was first tested in three split samples, each comprised with a nearly equal percentage of public, private, and non-profit organizations. To recall, my justification for the split-sample approach was to test the proposed publicness model in samples that did not eliminate the presence of government-owned organizations, given that much of publicness theory is rooted in the study of government organizations. In spite of these empirical considerations, testing the publicness model in an unbiased and representative sample still provides the most credible results because it reflects the true population mental health and substance abuse treatment facilities. Results from this sample, coupled with those from split samples, will inform me of any model respecifications that should be made in the proposed four-factor structure.

In order to test the proposed publicness model in a representative sample, I conducted a CFA using *all* data from the data frame from which Samples 1-3 were drawn. This representative sample is comprised of 13,151 facilities, with 1,362 of these being public, 4,137 private for-profit, and 7,652 private non-profit. Most organizations

in this sample are located in the United States Census-defined South region with 3,683 cases, while the West, Midwest, and Northeast regions are represented by 3,543, 3,079, and, 2,687 facilities, respectively. The remaining 159 facilities are located in United States jurisdictions or territories. In terms of service focus, 7,989 facilities provide substance abuse treatment services, 876 provide mental health services, and 4,286 provide a mix of mental health and substance abuse treatment services.

Table 4.6: Representative Sample Organizational Characteristics

Organizational Characteristics	Percentage
Sector	
Public	10.3%
Private	31.5%
Non-profit	58.2%
Region	
South	28.0%
West	27.0%
Midwest	23.4%
Northeast	20.4%
U.S. Territory	1.2%
Focus	
Substance abuse treatment services	60.7%
Mental health services	6.7%
Mix of mental health and substance abuse treatment services	32.6%
Political authority features*	
Facilities accepting Medicare payments.	33.1%
Facilities accepting Medicaid funding.	57.9%
Facilities accepting a state-financed health insurance plan other than Medicaid.	41.5%

Social equity features*	
Facilities providing client assistance with obtaining social services.	55.0%
Facilities providing employment counseling or training for clients.	36.7%
Facilities providing assistance in locating housing for clients.	47.6%
External engagement features*	
Facilities licensed, certified, or accredited to provide substance abuse services by the National Committee for Quality Assurance.	3.1%
Facilities licensed, certified, or accredited to provide substance abuse services by the Council of Accreditation.	5.8%
Facilities licensed, certified, or accredited to provide substance abuse services by the Joint Commission on Accreditation of Health Care Organizations.	19.3%
Transparency features*	
Facilities with a website or web page with information about its substance abuse treatment programs.	80.0%
Facilities listed in the <i>National Directory</i> and online Treatment Facility Locator.	94.6%
<i>N range= 11,800-13,151</i>	
<i>*Figures reflect percentages prior to imputation</i>	

The goodness of fit indices for the representative sample suggests *acceptable* fit ($\chi^2 = 1562.695$, $p < .01$, $df=38$; RMSEA=.055 [.053, .058]; CFI = .947; TLI/NNFI = .924). However, parameters do *not* support the fit of the proposed model in this sample. The factor loadings, all significant at the .05 level, range from .69 to .92 for

political authority, .70 to .89 for social equity, .51 to .84 for external engagement, and .25 to 1.31 for transparency. Similar to Split Sample 3, the factor loading of the first transparency indicator exceeds 1, indicating the presence of another Heywood case. Excluding the first transparency indicator, r-square values range from .06 to .84.

Significant latent factor correlations ($p < .05$) range from .10 to .39. The only insignificant finding was found in the social equity-external engagement relationship ($r = .02, p > .05$). Regardless of these generally acceptable latent factor correlations, the existence of the Heywood case indicates the data does *not* converge with the model. Table 4.7 provides the goodness of fit indices and parameter estimates for analysis of the representative sample.

Table 4.7: Representative Sample Results

Coefficients		Stand. Est. (SE)*	t-values	R-squares
Political Authority				
Lambda	PA1	0.74 (0.01)	72.57	0.56
	PA2	0.92 (0.01)	88.50	0.84
	PA3	0.69 (0.01)	67.87	0.48
Social Equity				
Lambda	SE1	0.88 (0.01)	108.08	0.78
	SE2	0.70 (0.01)	76.16	0.49
	SE3	0.89 (0.01)	113.34	0.72
External Engagement				
Lambda	EE1	0.84 (0.03)	26.51	0.71
	EE2	0.59 (0.03)	21.90	0.35
	EE3	0.51 (0.03)	20.34	0.26
Transparency				

Lambda	TR1	1.31 (0.27)	4.79	Undefined
	TR2	0.25 (0.05)	4.60	0.06
Correlations of Dimensions				
Psi	PA/PA	1.00**		
	SE/SE	1.00**		
	EE/EE	1.00**		
	TR/TR	1.00**		
	PA/SE	0.26 (0.01)	20.62	
	PA/EE	0.39 (0.02)	17.06	
	PA/TR	0.14 (0.03)	4.43	
	SE/EE	0.02 (0.02)	0.75	
	SE/TR	0.17 (0.04)	4.58	
	EE/TR	0.10 (0.03)	3.48	
Variances of Error				
Theta	PA1	0.44 (0.02)	36.28	
	PA2	0.16 (0.02)	44.25	
	PA3	0.52 (0.01)	33.93	
	SE1	0.22 (0.01)	54.04	
	SE2	0.52 (0.01)	38.08	
	SE3	0.21 (0.01)	56.67	
	EE1	0.29 (0.05)	13.25	
	EE2	0.65 (0.03)	10.95	
	EE3	0.74 (0.03)	10.19	
	TR1	-0.72 (1.72)	Undefined	
	TR2	0.94 (0.03)	2.30	
Goodness of Fit Indices				
$\chi^2 = 1562.70, p < .01, df=38; RMSEA=.055 [.053, .058]; CFI=.95; TLI=.92$				
*robust weighted least squares estimate				
**constrained parameter				

In light of the results from Split Samples 1-3 and the representative sample, it is necessary to test a respecified model. According to Brown (2006), a CFA model will often need to be revised in order to achieve a more optimal solution, most frequently on the basis of: the number of factors, the indicators, and/or the error theory (e.g., uncorrelated vs. correlated measurement errors) (also see Kline, 2011). In the prior samples tested, the factor of transparency and the indicators measuring this factor were generally weaknesses when assessing the proposed four-factor structure. Specifically, transparency contains factor scores with the most variability and is not positively correlated with other factors in the model on a consistent basis. In other words, the parameters associated with transparency were unstable. Compared to transparency, the other three factors consistently attain acceptable lambda coefficients and inter-correlations. To be sure, weaknesses of the four-dimensional publicness model highlighted by quantitative analysis perhaps lies more in the secondary data employed to test the model (e.g., only two indicators available to measure the factor of transparency) and less in the theory underlying the model.

The respecified publicness model contains *three* factors—political authority, social equity, and external engagement. I test the respecified publicness model in a representative sample comprised of 13,151 mental health and substance abuse treatment, with 1,362 of these being public, 4,137 private for-profit, and 7,652 private non-profit. Most organizations in this sample are located in the United States Census-defined South region with 3,683 cases while the West, Midwest, and Northeast regions are represented by 3,543, 3,079, and, 2,687 facilities, respectively. The remaining 159

facilities are located in United States jurisdictions or territories. In terms of service focus, 7,989 facilities provide substance abuse treatment services, 876 provide mental health services, and 4,286 provide a mix of mental health and substance abuse treatment services.

Table 4.8: Respecified Model Organizational Characteristics

Organizational Characteristics	Percentage
Sector	
Public	10.3%
Private	31.5%
Non-profit	58.2%
Region	
South	28.0%
West	27.0%
Midwest	23.4%
Northeast	20.4%
U.S. Territory	1.2%
Focus	
Substance abuse treatment services	60.7%
Mental health services	6.7%
Mix of mental health and substance abuse treatment services	32.6%
Political authority features*	
Facilities accepting Medicare payments.	33.1%
Facilities accepting Medicaid funding.	57.9%
Facilities accepting a state-financed health insurance plan other than Medicaid.	41.5%
Social equity features*	

Facilities providing client assistance with obtaining social services.	55.0%
Facilities providing employment counseling or training for clients.	36.7%
Facilities providing assistance in locating housing for clients.	47.6%
External engagement features*	
Facilities licensed, certified, or accredited to provide substance abuse services by the National Committee for Quality Assurance.	3.1%
Facilities licensed, certified, or accredited to provide substance abuse services by the Council of Accreditation.	5.8%
Facilities licensed, certified, or accredited to provide substance abuse services by the Joint Commission on Accreditation of Health Care Organizations.	19.3%
<i>N range = 11,800-13,151</i>	
<i>*Figures reflect percentages prior to imputation</i>	

The goodness of fit indices for the re-specified model are *acceptable* ($\chi^2 = 1441.904$, $p < .01$, $df=24$; RMSEA=.067 [.064, .070]; CFI = .949; TLI/NNFI = .923). Parameters also support the fit of this model. Lambda coefficients demonstrate that the items assigned to measure a given dimension were grouped appropriately. Standardized factor loadings, all significant at the .05 level, range from .69 to .91 for political authority, .70 to .89 for social equity, and .51 to .86 for external engagement. The r-square range is from .26 to .84, signifying considerable variation of reliabilities.

Findings support the hypothesized relationships amongst publicness dimensions, as indicated by significant ($p < .05$) latent factor correlations ranging from .26 to .39. The exception includes the social equity-external engagement relationship ($r = .02, p > .05$). Low to moderate positive correlations amongst factors indicate their collective association to publicness, while also implying that factors tap into unique dimensions.

Table 4.9: Respecified Model Results

Coefficients		Stand. Est. (SE)*	t-values	R-squares
Political Authority				
Lambda	PA1	0.75 (0.01)	73.06	0.56
	PA2	0.91 (0.01)	87.98	0.84
	PA3	0.69 (0.01)	67.17	0.48
Social Equity				
Lambda	SE1	0.88 (0.01)	107.52	0.78
	SE2	0.70 (0.01)	76.16	0.49
	SE3	0.89 (0.01)	112.41	0.79
External Engagement				
Lambda	EE1	0.84 (0.03)	26.44	0.73
	EE2	0.58 (0.03)	21.39	0.33
	EE3	0.51 (0.03)	20.34	0.26
Correlations of Dimensions				
Psi	PA/PA	1.00**		
	SE/SE	1.00**		
	EE/EE	1.00**		
	PA/SE	0.25 (0.01)	20.58	
	PA/EE	0.39 (0.02)	17.11	
	SE/EE	0.02 (0.02)	0.75	
Variances of Error				
Theta	PA1	0.43 (0.02)	36.53	

PA2	0.16 (0.02)	43.99
PA3	0.53 (0.01)	33.58
SE1	0.22 (0.01)	53.76
SE2	0.51 (0.01)	38.08
SE3	0.21 (0.01)	56.20
EE1	0.27 (0.05)	13.22
EE2	0.67 (0.03)	10.70
EE3	0.74 (0.03)	10.17

Goodness of Fit Indices

$\chi^2 = 1441.90$, $p < .01$, $df=24$; RMSEA=.067 [.064, .070]; CFI=.95; TLI=.92

*robust weighted least squares estimate

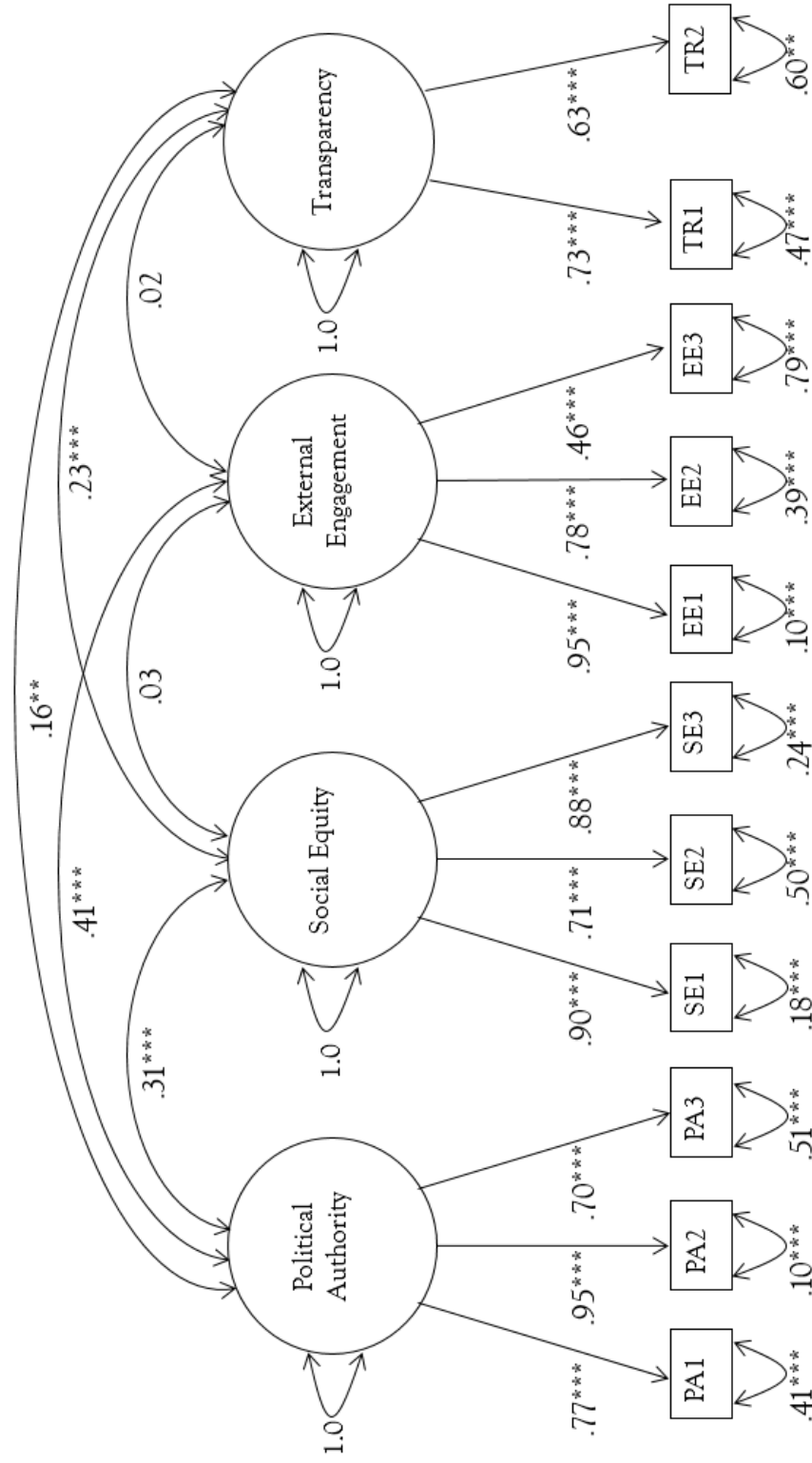
**constrained parameter

Based on the results of the respecified model, I am able to determine whether or not original hypotheses regarding the multi-dimensional publicness model were confirmed. Table 4.10 provides a summer of these results.

Table 4.10: Summary of Results for Quantitative Analysis

Hypotheses	Indicators	Expected Outcomes	Findings
1a-1c	PA1, PA2, PA3	Positively associated with "Political Authority"	Confirmed
2a-2c	SE1, SE2, SE3	Positively associated with "Social Equity"	Confirmed
3a-3c	EE1, EE2, EE3,	Positively associated with "External Engagement"	Confirmed
4a-4b	TR1, TR2	Positively associated with "Transparency"	Not confirmed
5	Political Authority, Social Equity, External Engagement, Transparency	Positively correlated with one another	Partially confirmed

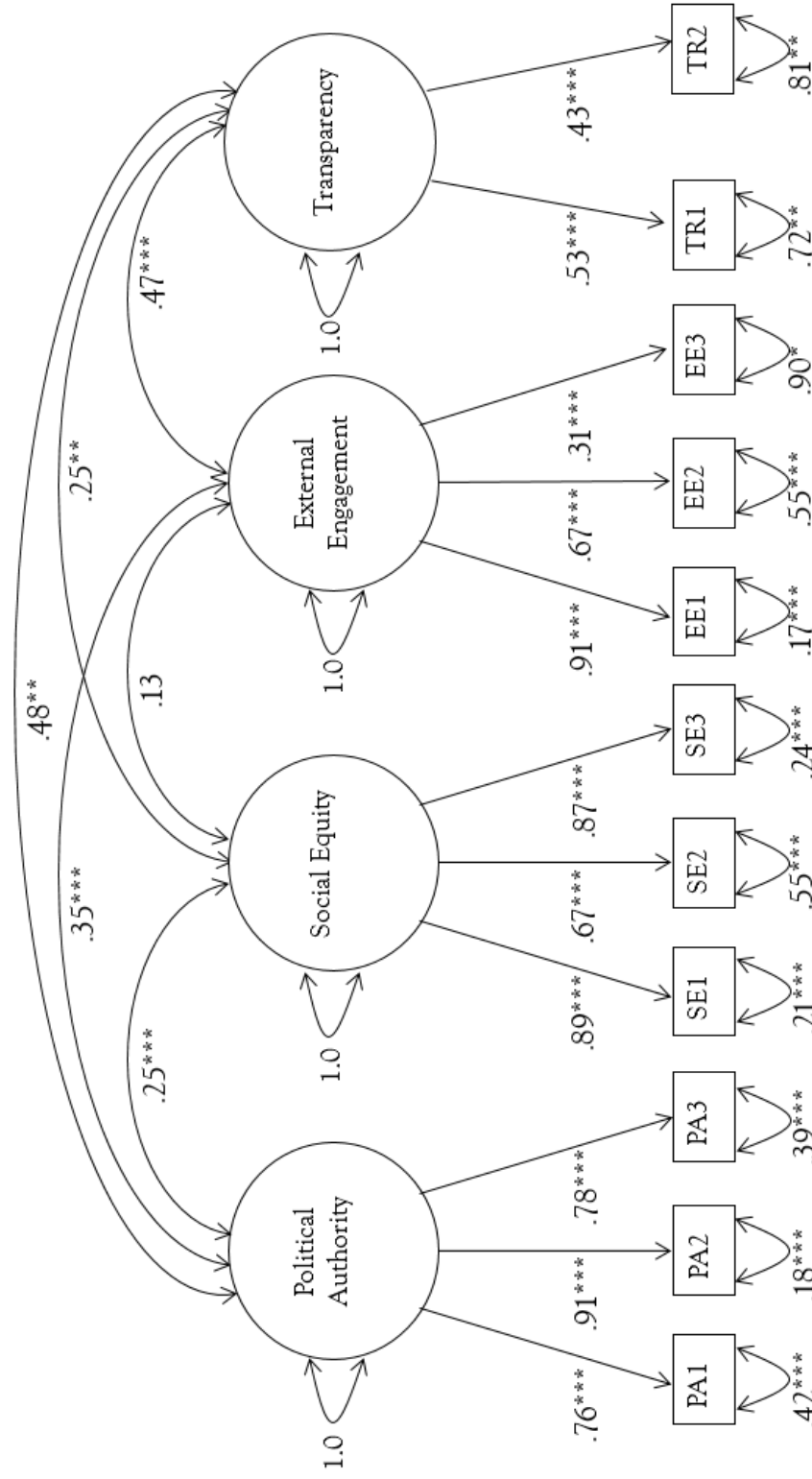
Figure 4.1: Path Diagram of Split Sample 1 Results



$\chi^2 = 214.82$, $p < .01$, $df=38$; RMSEA=.068 [.059, .077]; CFI=.93; TLI=.90

*** $p < .01$; ** $p < .05$; * $p < .10$, two-tailed test

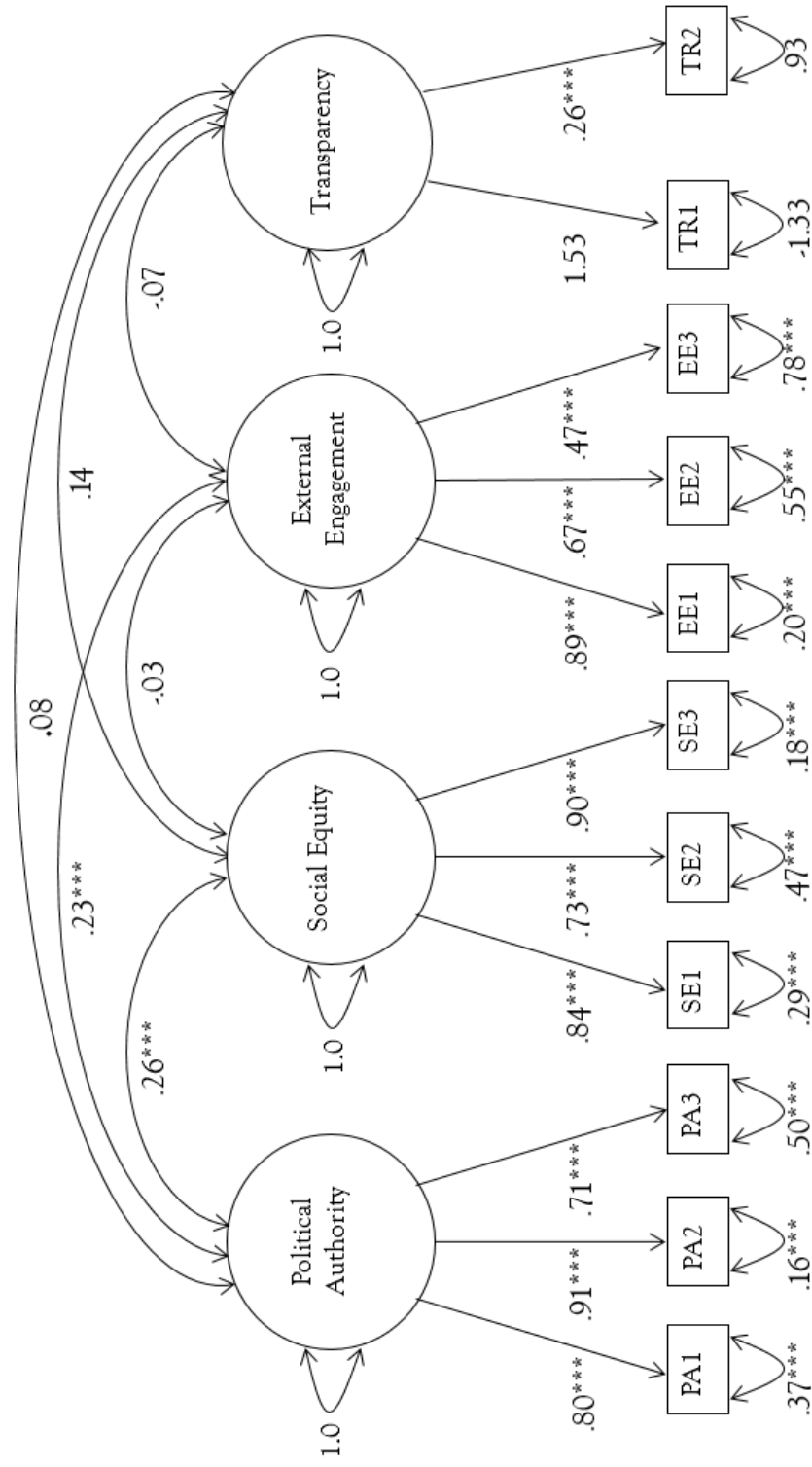
Figure 4.2: Path Diagram of Split Sample 2 Results



$\chi^2 = 110.13$, $p < .01$, $df = 38$; RMSEA = .044 [.034, .053]; CFI = .97; TLI = .95

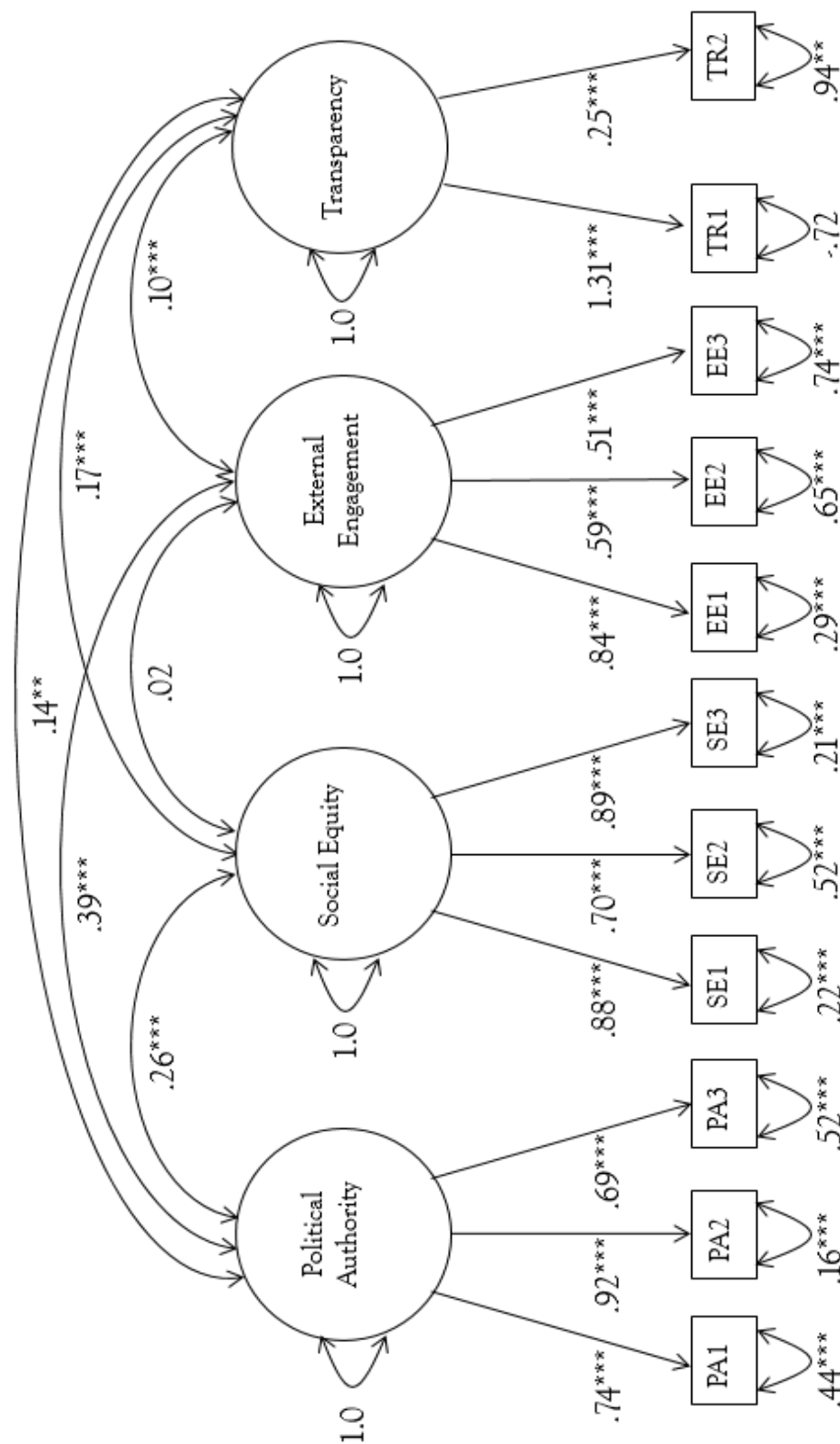
*** $p < .01$; ** $p < .05$; * $p < .10$, two-tailed test

Figure 4.3: Path Diagram of Split Sample 3 Results



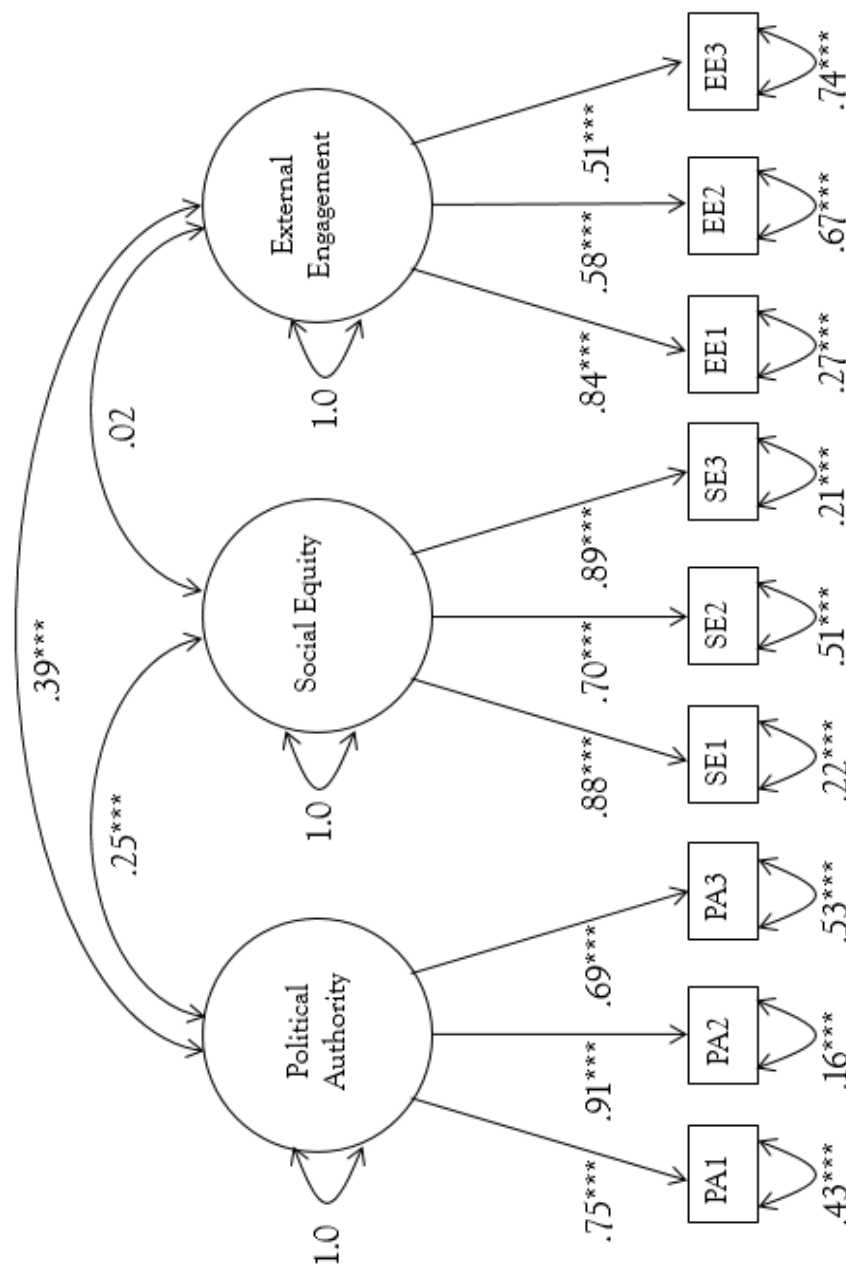
*** $p < .01$; ** $p < .05$; * $p < .10$, two-tailed test

Figure 4.4: Path Diagram of Representative Sample Results



$\chi^2 = 1562.70$, $p < .01$, $df = 38$; RMSEA = .055 [.053, .058]; CFI = .95; TLI = .92 *** $p < .01$; ** $p < .05$; * $p < .10$, two-tailed test

Figure 4.5: Path Diagram of Respecified Model Results



$\chi^2 = 1441.90$, $p < .01$, $df = 24$; RMSEA = .067 [.064, .070]; CFI = .95; TLI = .92

*** $p < .01$; ** $p < .05$; * $p < .10$, two-tailed test

Qualitative Analysis and Results

Qualitative analysis of responses from managers provided two benefits. First, it supplemented the results of factor analysis. In addition, it provided understanding of the factors associated with publicness at the managerial level, thus complementing quantitative analysis at the organizational level. The unit of analysis is an important consideration when conducting qualitative content analysis (Graneheim & Lundman, 2004).

During deductive analysis of manager responses, special attention was given to three aspects of coding that collectively reflect reliability: stability, reproducibility, and accuracy (Harwood & Garry, 2003; Krippendorff, 2012 also discuss these aspects of reliable coding in great detail). *Stability* refers to the extent to which the analysis is immutable—that is, would the re-coding of data at a different point in time produce consistent results. *Reproducibility* refers to the duplication of coding under different circumstances, such as analysis being conducted by a different researcher. *Accuracy* refers to the process of categorizing codes to a known standard, such as that which is grounded in the literature. Special attention to reliable coding and analysis is critical because “particular sensitivities [lead] to writing about some topics rather than others. These sensitivities may derive from personal commitments and feelings as well as from insights gained in one’s discipline and its literature” (Emerson, Fretz & Shaw, 1995, p. 159). Put another way, the desire for the researcher to confirm hypotheses should not inhibit discussion of unexpected, yet consistently emerging themes.

A total of 21 interviews with senior managers of mental health and substance abuse treatment facilities was analyzed to examine the primary organizational and environmental factors associated with publicness. To recall, these managers are employed by the public and private non-profit sectors. They varied in terms of personal attributes, including the number of years they have served in their current positions, the approximate number of employees they supervised, and gender. The facilities these managers oversee vary in terms of organizational mission, types of care, special programs/groups offered, special language services, emergency services, forms of payment accepted, and whether or not payment assistance was offered.

Common ground exists between managerial perceptions of publicness and expectations regarding its multi-dimensional nature, as indicated in Table 4.11. This was made clear during manager responses to questions regarding what constitutes a “public organization”, generally speaking, and then what characteristics make *their* organization public. The first two questions were asked in this order due to the biases that the respondents may have when discussing the publicness of the organizations by which they were employed.

Table 4.11: Cross-Interview Analysis

Respondent ID	Years in current position	Number of employees overseeing	Sector	Region	Type	Top 4 Dimensions of Publicness (in order of respondent emphasis; common themes are underlined)*
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01131217	35	450	Non-profit	Midwest	RTC for children	<u>Transparency</u> <u>Social Equity</u> Responsiveness Safety
02131224	10	11	Non-profit	Midwest	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> <u>External Engagement</u> Reliability Professionalism
03131230	8	1300	Public	South	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> <u>Social Equity</u> N/A N/A
04140103	3	1400	Non-profit	South	Multisetting (non-hospital) mental health facility	<u>Political Authority</u> <u>Social Equity</u> N/A N/A
05140108	21	72	Non-profit	West	Outpatient or day treatment or partial hospitalization mental health facility	Responsiveness <u>Social Equity</u> <u>Political Authority</u> <u>External Engagement</u>
07140115	11	145	Non-profit	Midwest	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> <u>Social Equity</u> N/A N/A
09140122	12	800	Public	Midwest	State psychiatric hospital	Safety <u>Political Authority</u> <u>Social Equity</u> Responsiveness
10140124	2	500	Non-profit	South	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> <u>Social Equity</u> <u>External Engagement</u> N/A

11140127	6	412	Non-profit	Northeast	RTC for children	<u>Transparency</u> <u>Political Authority</u> N/A N/A
12140128	1	65	Non-profit	Midwest	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> Trust Advocacy <u>Social Equity</u>
13140128	10	420	Non-profit	West	Outpatient or day treatment or partial hospitalization mental health facility	Responsiveness <u>Social Equity</u> <u>Transparency</u> N/A
14140218	1	300	Public	Midwest	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> Responsiveness <u>Social Equity</u> <u>External Engagement</u>
15140129	22	500	Non-profit	Northeast	RTC for children	<u>Transparency</u> <u>External Engagement</u> <u>Political Authority</u> N/A
16140130	3	14	Non-profit	Midwest	Outpatient or day treatment or partial hospitalization mental health facility	<u>Transparency</u> <u>Political Authority</u> <u>External Engagement</u> <u>Social Equity</u>
17140131	7	150	Non-profit	West	RTC for children	<u>Political Authority</u> Trust <u>External Engagement</u> Professionalism
18140203	5	850	Non-profit	West	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> Professionalism Scrutinization N/A

19140204	2	65	Non-profit	South	RTC for children	<u>Political Authority</u> Responsiveness <u>Social Equity</u> N/A
20140205	10	650	Non-profit	Northeast	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> <u>Social Equity</u> <u>External Engagement</u> N/A
21140205	10	1300	Non-profit	Northeast	RTC for children	<u>External Engagement</u> <u>Transparency</u> N/A N/A
22140206	4	1900	Public	West	State psychiatric hospital	<u>Social Equity</u> <u>Political Authority</u> Safety <u>Transparency</u>
23140212	25	380	Non-profit	West	Outpatient or day treatment or partial hospitalization mental health facility	<u>Political Authority</u> <u>Social Equity</u> N/A N/A
*Based on Interview Questions 1 and 2						
N/A = No additional factors of publicness were emphasized						

Manager Responses on Political Authority

90.5% of managers (19 out of 21) associate publicness or “public organization”, with aspects of political authority.²⁷ This result was expected given that political

²⁷ This does not necessarily indicate that 90.5% of managers emphasized political authority as one of their top 4 publicness dimensions, as highlighted in Table 4.8. The same applies for social equity, external engagement, and transparency.

authority, according to existing theory, is the most emphasized dimension of publicness and because I discussed this dimension when providing background about the study. Political authority codes that consistently emerged referenced “government”; “Medicare”; “Medicaid”; “IRS Form 990”, an informational tax form that most tax-exempt organizations must file annually; “tax funding”; “funding from the state”; “funding by public dollars”; and “law”. In addition, managers specifically discussed the manner in which political authority and governmental institutions were embedded in their organizations due to public ownership, government funding, or social control (see Bozeman, 1987). Examples of governmental social control noted by senior managers included: legal requirements pertaining to hiring practices, non-discrimination in providing services, the Americans with Disabilities Act, and processes and protocols when seeking bids for capital improvement projects; contractual obligations associated with government grants and content that reflect public policy that has been set legislatively; and processes associated with the delegation of services that the government is mandated to provide. Below is a representative selection of responses to questions “Generally speaking, what does being a ‘public organization’ mean to you?” and “What characteristics make your organization ‘public?’” during which managers shed light on the political authority dimension of publicness.

The managers quoted in the first two excerpts speak primarily to the social control imposed by governmental bodies (at various levels of government) and legal requirements:

- A public organization in my mind means that the auspice under which it operates organizationally, that is the appointing and firing authority of the people who work for it, is a public entity itself such as a city office, county office, state office, an authority established under law. In our case, since our mission primarily pertains to low-income people, the government's role as a funder and policy maker is all through what we do. As a result, we think of ourselves as being a private organization, but being involved in a public purpose...So public has to do with whether or not it has a burden having to do with its establishment or its funding that is subject to public scrutiny and review. Area Agencies on Aging [like our organization] are established under state and federal law that gives them a responsibility for planning, allocating, and managing services with a great deal of variety in that geographic area of the United States. (Manager No. 07140115, personal communication, January 15, 2014)
- Even though we are a private 501(c)(3), we are affiliated with government agencies. For example, one of the lines of care we offer at our children's home is residential treatment for children who are in the state's custody and who are placed here by a government entity, mainly the Cabinet for Health and Family Services. Even though we are a private provider of care, there's a

relationship with the ‘customer’, and that customer happens to be a state cabinet. And with that come a lot of contractual obligations, and those range from making sure that we are not proselytizing clients who are placed here by the state. So there is publicness there in that we are not favoring one religious denomination over another when we provide this type of care for children in state’s custody. It also means making sure that employment practices are in line with government requirements. Even though we are a private provider, we have a non-discrimination clause that would align with government entities. (Manager No. 19140204, personal communication, February 4, 2014)

While not overlooking the social control imposed by political bodies, multiple managers emphasized the publicness of their organizations primarily with respect to political authority on the basis of public funding. Although much of the funding mental health and substance abuse treatment facilities receive is tied to Medicare and Medicaid, these facilities also receive funding from other streams (e.g., grants).

According to one respondent:

We continue to be scrutinized by the state department of Human Services...We get grants from the federal government, like right now we enjoy a grant from [Housing and Urban Development] as well as a grant

for our youth work from the Center for Substance Abuse Treatment.

People expect that we not only demonstrate positive outcomes, but that we account for every dollar that gets spent. If you look at the way in which these grants are written, there are specific line items and [we] have to prove that this is the way we have been spending the money. Also, at the local level, we get funds from the Department of Public Health...not only for substance abuse, but also for our family prevention initiative that is around domestic violence. (Manager No. 12140128, personal communication, January 28, 2014)

Multiple managers emphasized all aspects of political authority highlighted by Bozeman (1987): government ownership, government funding, and social control by government. Even when government did not legally own facilities, their managers felt as though their organizations were an extension of government due to funding and social control. According to one facility manager:

I will start with the government. When I think of a public-private scenario, I always assume that public means government. And 90% of our funding comes from government, from public entities. In several of our contracts, we are perceived as an extension of government or a government service, a deliverer of mental health services. In terms of our foster program, the government, specifically County Child Protection, removes a child [from the home] and they contact us to provide foster care services. So we are not government, but we are

funded by government and deliver on services the government is mandated to provide...We are a community-based organization, a non-profit, where we are closer to the community than the government is. We can scale up and down, we are more nimble, we can innovate more easily. So all of those factors make a compelling case for us to be a provider of services that the government funds. (Manager 17140131, personal communication, January 31, 2014)

Manager Responses on Publicness Beyond Political Authority

Numerous managers remarked on the characteristics of their facility's publicness beyond sources of political authority from the start and others when asked to elaborate on their initial interview responses to what constitutes a "public organization". Their statements shed light on the full spectrum of publicness as it is conceived in this study. In fact, the three most common themes that emerged—from responses to Questions 1 and 2—following political authority were social equity, external engagement, and transparency

76.2% of managers (16 out of 21) associate publicness with social equity. Social equity codes that emerged primarily referenced some variation of the terms/phrases: "accessibility"; "promotion of the common good"; "responsive to the needs of the community"; "protecting children"; "safety net"; and "relating to the public". More specifically, managers discussed the socially equitable nature of their organizations on the basis of: adherence to laws regarding civil rights and public accommodation;

providing a “safety net” for potential clients who have no alternatives for treatment services; their board of directors being demographically representative of the people in their communities; serving forensic populations, including when determining their competency to stand trial; sponsoring or hosting events not associated with their primary services (e.g., Halloween “Trunk or Treat” and Breakfast with Santa Claus) for underprivileged children; and fulfilling general obligations associated with their 501(c)(3) status. Below are representative manager comments about publicness with respect to social equity.

In the first excerpt, a manager emphasized his/her organization’s socially equitable nature on the basis of its service to disadvantaged individuals in need of mental health and/or substance abuse treatment:

We care for the broader advances of low-income people, older people, and their caregivers. (Manager No. 07140115, personal communication, January 15, 2014)

Multiple managers, such as the two quoted below, associated social equity with their facilities responsiveness, commitment, and service accessibility to all members in their communities:

- As a social service organization, we have a commitment to be responsive to the needs of the communities we serve. An overarching goal for us is the promotion of the common good...We really want to be engaged in helping communities

identify needs and, if possible, help them mobilize resources to address those needs. (Manager No. 01131217, personal communication, December 17, 2013)

- We are an organization that is open to all regardless of ethnicity, race, or age. We can be accessed by every member of the community. In addition, we actively market that accessibility by being a member of a variety of groups, whether it be the United Way, our local Children's Services Council...groups that reach out to the community. (Manager No. 10140124, personal communication, January 24, 2014)

42.9% of managers (9 out of 21) associate publicness with external engagement. External engagement codes referenced by managers included "social contacts"; "board of directors"²⁸; "external accreditation" and "presence in the community". Managers most frequently discussed the external engagement of their organizations with respect to being subject to external accreditation standards and affiliation with non-accreditation agencies, such as the National Alliance on Mental Illness.²⁹ Below are

²⁸ Managers consider their organization's board of directors to be externally associated and not engaged in the technical/specialized internal operations of the organization.

²⁹ The National Alliance on Mental Illness "advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and building a community for hope for all of those in need" (http://www.nami.org/template.cfm?section=About_NAMI).

representative manager comments about publicness with respect to external engagement:

- We are accredited by [the Joint Commission on the Accreditation of Health Care Organizations], a national accreditation agency, and they will come in and do audits on our operations and they put the results on their website which is publicly available. (Manager No. 15140129, personal communication, January 29, 2014)
- In addition to legal requirements, there are softer requirements that would give a nod of the head to publicness. Most non-profits in the United States would recognize the importance of being accredited with organizations such as the Better Business Bureau because almost every 501(c)(3) organization is going to be dependent on private donors. Many times a private citizen will want to make sure that an organization is trustworthy and worthy of a financial contribution. So organizations such as the Better Business Bureau might collect data in order to confirm if it would want to give us a seal of approval. (Manager No. 19140204, personal communication, February 4, 2014)

42.9% of managers (9 out of 21) associate publicness with organizational transparency. Transparency codes referenced by managers included some variation of:

“publishing reports”; “openness”; and “information of websites”. Managers discussed the transparency of their organizations with respect to proactively making relevant organizational information available to the public through their official websites and during open meetings, and adhering to legal requirements pertaining to openness. Below are representative manager comments about publicness with respect to transparency.

One respondent commented on the general aspects associated with organizational transparency:

It means that the general public can see all of our work, resources, limitations, budget, problems, legal issues, and opportunities that we have. Just a transparent organization for everyone to look it. (Manager No. 11140127, personal communication, January 27, 2014)

Another manager commented on the transparency that results from legal requirements and specifically how their organization goes about achieving an appropriate level of transparency:

Everything about our organization is public under the Freedom of Information Act, other than obviously confidential information about the people we serve. But anything else we do, people can explore our salaries, our contracts, our budgets, just about anything...We are an open book...We give an annual report to the community every year, we have public meetings where the public is invited. (Manager No. 14140128, personal communication, January 28, 2014)

Perhaps the most common aspect of manager comments regarding transparency, also highlighted in the prior excerpts, was an emphasis on not only sharing to the outside world what the organization is doing right—but sharing facility limitations and failures to the broader public. This sentiment was best captured by the comments of one respondent:

I think on a day-to-day basis, we make every effort to open our doors. It is in our best interest that the public, our customer, our potential customers, parents, the “Joe Q. Citizen”, that everybody has an understanding of what we do...If you are a software company and what you’re developing is security pieces and you want to keep that under the bushel because there is potential for sabotage or theft, I get that. But organizations like mine are much better suited [to having] no limit to our publicness...I think you end up building credibility by indicating not just what is going on in the good times, but what is going on in the challenging times as well...Having those windows open so people can see, I just don’t see a bad side. (Manager No. 15140129, personal communication, January 29, 2014)

Publicness themes not associated with political authority, social equity, external engagement, and transparency did not consistently emerge. However, “professionalism”, “safety”, and “trust” are themes that were either explicitly or implicitly discussed by managers that I found particularly interesting. Although not emphasized in publicness research, the managers who associated these themes with

publicness appeared to reflect on a “public service ethos”, a construct which emphasizes: individuals acting in the interest of the common good; values and processes associated with the fulfillment of public services; and the employment of personal attributes (e.g., altruism, compassion) to make a difference in the lives of other. (see Rayner, Williams, Lawton & Allinson, 2011)

Understanding Publicness Dimensions through Managerial Pursuit of Public Outcomes

Moulton (2009) contends that publicness features are institutions that can be managed in order to achieve public outcomes, the outcomes that benefit society at large. This requires managers to ask “what [institutions] make an organization more likely to provide for public outcomes?” (Moulton, 2009, p. 889). Therefore, another way of understanding and further confirming the factors that comprise the publicness construct was to ask managers to identify performance outcomes of the organization that the broader public feel are important—in essence, public outcomes—and then to articulate: (1) the characteristics that enabled their organizations to perform well in these areas; (2) the internal strategies and activities they employed when seeking to improve performance in these areas; and (3) the external environmental sources that dictated their management decisions, for better or for worse, when seeking to improve performance in these areas (Questions 3-5b). Perhaps more than substantiating theoretically proposed factors of publicness, interviewee responses to these questions provided understanding of the publicness institutions tapped into by managers in an effort to achieve public outcomes as well as the publicness institutions externally

impacting these outcomes. In other words, this sequence of interview questions in the second half of the survey enabled me to understand, through the lens of senior managers, the organizational and environmental features of publicness that shaped attempts to achieve identified public outcomes.

Based on responses to “What performance outcomes of your organization do the broader public feel are important”, public outcomes identified by managers included, but were not limited to: protecting the public from individuals with mental health and substance abuse disorders; long-term effectiveness of treatment services; returning patients to a satisfactory level of functioning in the community; protection and permanency for children; and accessibility to and cost of services.

90.5% of managers (19 out of 21) indicated that institutions associated with external engagement (e.g., accreditations agency standards) impacted efforts to achieve public outcomes, and 66.7% (14 out of 21) indicated that political authority institutions impacted these efforts. External engagement and political authority are external publicness influences. Interestingly, a strong majority of managers viewed external engagement institutions—primarily membership to health care accreditation agencies—as benefiting their organization’s efforts to achieve identified outcomes, mainly due to the high performance standards required for accreditation. However, numerous managers who indicated that institutions of political authority impacted organizational efforts to achieve public outcomes viewed these governmental sources as detrimental. One senior manager in particular captured the views held by some other respondents:

One of the greatest frustrations we deal with is bureaucratic organizations that provide funding for us and determine requirements that aren't necessarily relevant to our mission and helping us improve our services. We have policies for things that have nothing to do with client safety and improved outcomes. We are audited. We have fiscal audits and chart audits...so overtime, it has become harder and harder to keep our clinicians focused on thinking about their clients the way they need to think about them because they are more concerned about what they are having to put in an irrelevant chart...It is frustrating. We don't view our funding sources as helping us with opportunities to grow and improve our system of care. They are a semi-benign enemy who we have to follow because they have the money. (Manager 05140108, personal communication, January 8, 2014)

In terms of the other publicness dimensions, only 23.8% (5 out of 21) and 9.5% (2 out of 21) of managers indicated that institutions associated with social equity and transparency, respectively, impacted efforts to achieve public outcomes. These results suggest that publicness institutions managers perceive as impacting their organization's pursuit of public outcomes are primarily external. Internal strategies employed to achieve public outcomes generally were not associated with publicness, but rather human resource management considerations such as risk management, evaluations, observing behavior of staff, employee recruitment, training, and employee retention;

and financial considerations such as raising funds and being better stewards of resources.

Summary

Chapter 4 presented the results of quantitative and qualitative analyses. Quantitatively, I confirmed a three-factor publicness structure, which included political authority, social equity, and external engagement. Qualitative findings strongly demonstrate that common ground exists between managerial perceptions of publicness and all four of the hypothesized dimensions. Findings also demonstrate that of the four dimensions of publicness, managers perceive political authority and external engagement as most considerably impacting their organizations' achievement of public outcomes. Chapter 5 provides a more detailed interpretation of these results.

Chapter 5: Interpretations, Recommendations, and Directions for Future Research

Chapter Preview

Chapter 5 will summarize and interpret the main results of this study. I begin by rearticulating the theory guiding this study and indicating whether or not hypotheses were supported. Secondly, I will provide the implications of this research with respect to public management. Thirdly, I will articulate the recommendations that emerge from limitations that became apparent during analysis. Recommendations primarily center on the research design and methodology employed in this study. Lastly, I will articulate directions for future research, which include: employing the multi-dimensional publicness model to understand its association to (or impact upon) various organizational behaviors and performance outcomes of public value. In addition, future research will seek to better understand publicness and its effects in highly decentralized settings (e.g., local governments) and multi-organizational arrangements (e.g., networks).

Study Summary and Main Results

The purpose of this study was to specify and test a multi-dimensional model of publicness. Specific research questions include:

- (1) What are the primary organizational and environmental factors (or dimensions) associated with publicness?

- (2) To what extent do the hypothesized factors collectively account for the variance of publicness in mental health and substance abuse treatment facilities?

Extant literature in this area has largely tied an organization's publicness to its exposure to political authority or features of government (Moulton, 2009). The extent to which an organization is subject to political authority is based on its legal ownership (i.e., governmentally owned), funding from government, and government-based social control manifested through mechanisms such as rule setting, monitoring, sanctioning activities, auditing, the requirement to provide performance reporting, and other forms of legal oversight. However, public management scholars have recently begun to employ a more expansive set of non-traditional indicators (in addition to those associated with political authority) to examine the role of publicness in shaping organizational behaviors and performance outcomes. Theoretical and empirical work in this area, taken together, implies that political authority is a critical dimension to the publicness construct, yet by itself is unable to account for the range of organizational outcomes and behaviors associated with degree of publicness. In other words, the features that capture an organization's publicness extend beyond sources of political authority. The theoretical factors working in concert with political authority to shape the publicness of an organization include social equity, external engagement, and transparency. An organization is socially equitable to the extent that it "serves the needs and demands of diverse social groups and classes constituting the public beyond the parochial interest of a select class or group" (Haque, 2001, p. 68). An

organization's level of external engagement is based on activities that forge relationships with external stakeholders (e.g., accreditation agencies) that, through "morally governed" interactions, oblige the principal organization to achieve public outcomes. Lastly, an organization is transparent to the degree that it provides objective, relevant, and reliable information about its internal workings, such as decision processes, procedures, functioning, and performance (Grimmelikhuijsen & Meijer, 2014.)

In spite of theory highlighting the need for a model of publicness that extends beyond the single dimension of political authority, the *nature* of publicness introduced by Bozeman (1987) is maintained in this study. Bozeman provides that publicness, on one end of the publicness-privateness continuum, is a continuous phenomenon as opposed to categorical. Therefore, all organizations—regardless of sector affiliation—are public to some degree as opposed to purely public or purely private (Bozeman, 1987). The four dimensions outlined in this study pull organizations toward the "publicness" end of the publicness-privateness continuum. In other words, higher levels of a given dimension will be associated with higher levels of organization publicness when holding all other factors constant.

Following specification of the four-dimensional publicness model and providing a set of hypotheses, I tested the theoretical model in the context of mental health and substance abuse treatment facilities, organizations providing prevention, treatment, and recovery support for clients suffering from mental health and substance abuse illnesses. This context is useful because it enables testing of the multi-dimensional publicness model in a policy area that is comprised of public, private, and

non-profit organizations. This is important given that publicness does not apply to publicly owned organizations alone. In addition, this setting is comprised of several organizational and environmental institutions associated with political authority, social equity, external engagement, and transparency. For example, whether a facility receives Medicare funding is an institution associated with political authority. Understanding the presence or absence of such institutions could inform us of the factors that comprise the publicness construct.

This study utilized mixed methodology to test hypotheses. I first employed confirmatory factor analysis, a quantitative procedure, using data from the 2011 National Survey of Substance Abuse Treatment Services. This database provided structural information on mental health and substance abuse treatment facilities. CFA, a large sample technique (Kline, 2011), examines the extent to which measures of a construct (in this case “publicness”) are consistent with a researcher’s understanding of that construct, which may be based on theory or previous empirical studies (Brown, 2006).

To recall, Hypotheses 1a-1c (political authority), Hypotheses 2a-2c (social equity), Hypotheses 3a-3c (external engagement), and Hypotheses 4a-4b (transparency) centered on the measurement of individual dimensions. Hypotheses 1a-1c posited that facilities accepting Medicare payments, Medicaid funding, and a state-financed health insurance plan other than Medicaid possess higher levels of political authority. Hypotheses 2a-2c held that facilities providing client assistance with obtaining social services, employment counseling or training for clients, and assistance in locating

housing for client possess higher levels of social equity. Hypotheses 3a-3c proposed that facilities licensed, certified, or accredited to provide substance abuse services by the National Committee for Quality Assurance, Council on Accreditation, and the Joint Commission on Accreditation of Health Care Organizations possess higher levels of external engagement. Hypotheses 4a-4b held that facilities with a website or web page containing information about its substance abuse treatment programs and facilities listed in the *National Directory* possess higher levels of transparency. Hypothesis 5 posited inter-correlations amongst dimensions. After testing the proposed four-dimensional model and a respecified model, I was able to confirm a three-factor structure which included the dimensions of political authority, social equity, and external engagement. Parameters associated with transparency were unstable and thus omitted in the respecified model.

In order to supplement theory and quantitative results, I conducted interviews with 21 senior managers (e.g., President & CEO, Executive Director, Superintendent, Senior Vice President, and Program Managers) of mental health and substance abuse treatment facilities 18 of the 21 managers were the highest-ranking official in their organization. 19 managers were male and two were female. On average, the number of years interviewees have served in their current senior management capacities was 9.9 (ranging from 1-35 years). The average number of employees managers oversaw was 556.4 (ranging from 11-1900 employees). In addition to diversity in the personal and professional backgrounds of managers, the organizations they represented were distinct. Based on the United States Census Bureau-designated regions, 7 facilities were located

in the Midwest, 6 in the West, and 4 in both the Northeast and the South. In terms of legal ownership, 17 treatment facilities were private (non-profit) and 4 are public. With regard to types of care defined by the Substance Abuse & Mental Health Services Administration, 12 facilities were outpatient/day treatment/partial hospitalization mental health facilities, 6 were residential treatment centers for children, 2 were state-psychiatric hospital, and 1 was a multi-setting (non-hospital) mental health facility.

Interviews were analyzed using general deductive analysis. This method allows a researcher to identify whether themes that emerge from specific statements made by interviewees are consistent with the theory presented by the researcher (Thomas, 2006). In other words, deductive analysis (compared to inductive analysis) is not exploratory, but confirmatory, and is concerned with testing whether data are consistent with hypotheses identified by the researcher (Trochim & Donnelly, 2005).

Manager interviews revealed that political authority is the foremost dimension of publicness *in their world*, serving alongside the dimensions of social equity, external engagement, and transparency.³⁰ Managerial perceptions of publicness are critical because publicness, according to Moulton (2009), is a management tool that can be utilized to guide organizations toward the achievement of public outcomes. In other words, organizational outcomes that benefit society can be achieved when features of publicness (e.g., external engagement with accreditation agencies) are appropriately—

³⁰ Respondents from a different policy context may yield different perceptions of publicness.

and distinctly—structured in the organization and managed. Had managers perceived publicness differently than that which was confirmed, then institutions *not* associated with some or all of the four publicness dimensions may be the primary management considerations in the pursuit of public outcomes. This would, in turn, impact how organizational outcomes are achieved.

Considered together, findings of quantitative and qualitative analyses indicate that publicness is a multi-dimensional construct, captured by the factors of political authority, social equity, external engagement, and transparency. That is, scholars can best assess an organization's publicness based on its internal and environmental features associated with government (i.e., political authority) *and* those not necessarily associated with government (i.e., social equity, external engagement, transparency). Before this study, an organization's publicness—and outcomes associated with its publicness—were primarily evaluated through the lens of political authority alone. A multi-dimensional understanding of publicness provides nuanced understanding of the full range of institutional features that distinctly shape organizational behaviors and performance outcomes of public value.

Discussion

The contribution of this study centers on expanding scholarly thinking on what constitutes a “public organization” in the full theoretical sense of the word. Public management scholars have primarily classified an organization's public nature based on its legal ownership alone (Rainey et al., 1976) or the extent to which it is subject to

political authority, indicated by its sources of funding and social control in addition to legal ownership (Bozeman, 1987). These approaches to evaluating publicness, although meaningful, are associated with governmental authority—when in fact an organization’s publicness is multi-dimensional and is also based on its levels of social equity, external engagement, and transparency as demonstrated in this study. Existing theory, to be sure, is *not* wrong on what constitutes an organization’s publicness, but takes on a relatively narrow perspective. The multi-dimensional conception of publicness, which includes yet extends beyond organizational exposure political authority, expands the underlying meaning and applicability of the belief that “all organizations are public” (Bozeman, 1987). That is, the fact that all organizations are public to some degree now means that a variety institutions beyond those associated with an organization’s governmental attributes may shape its publicness.

Moving forward, scholars may be better positioned to understand not only the extent to which an organization is public, but also the respects in which an organization is public. The degree to and respects in which an organization is public are both important organizational considerations, both of which can be more accurately assessed with consideration to the multiple dimensions of publicness. Perhaps most importantly, the multi-dimensional model has theoretical and practical relevance because institutions of publicness are associated with organizational achievement of public outcomes, including in privately owned organizations that are vital to the achievement of public objectives (Moulton, 2009; Moulton, 2012). Plainly stated, if organizational theorists and public management scholars desire to more clearly

understand the structural and institutional precursors to organizational behaviors and performance outcomes of public value, then it is essential to first understand what being a “public” organization entails.

In light of the practical implications that result from an organization’s publicness, traditional aspects of public and private management alone may not be sufficient to achieve public objectives (Bozeman, 2013; Moulton, 2009). Rather, managers of public and private organizations that are committed to achieving objectives associated with public policy may benefit from integrating the “management of publicness” into their management strategies (Moulton, 2009). Based on the results of this study, managing publicness begins with understanding how institutions of political authority, social equity, external engagement, and transparency may distinctly lend themselves to, or in some instances prevent, the achievement of public outcomes. Even organizations not explicitly committed to pursuing public outcomes, such as those primarily concerned with profit maximization, may also benefit from an understanding of publicness because these institutions are likely embedded in their organizations to some degree as well (Bozeman, 2013).

What else does managing publicness entail beyond identifying publicness institutions and understanding their impact on the organization? First, public and private managers must recognize that more publicness does not necessarily elicit outcomes that benefit society at large. That is, higher levels of publicness do not always support an organization’s public objectives. For example, government intelligence agencies best meet public outcomes (e.g., law enforcement, national security) when

institutions of transparency are minimized, which still makes transparency a valuable consideration but simply one that is not managed to maximization. Furthermore, institutions associated with political authority, social equity, external engagement, and transparency are not created equal. Their value in independently and jointly (alongside other publicness institutions) complementing organizational efforts to achieve public outcomes depends on the specifics of the outcomes being pursued. According to Andrews, Boyne, and Walker (2011), it is a matter of considering “which aspect of publicness is most important for organization performance, and whether each one has separate or interactive effects” (p. i303).

Second, managers must understand that institutions of publicness are constantly evolving and are not static in their degree of presence. These shifts are responses to both internal (e.g., performance outcomes) and external features (e.g., legal authority) (Moulton, 2009). In this regard, managers must engage in an unending and evolving process of seeking to structure their organization’s publicness in a manner that most likely gives rise to the outcomes their organization seeks to achieve. The existence of internal publicness features is generally under the control of the manager. Managers can also engage with the environmental sources of publicness (i.e., generally political authorities and external engagement partners) in order to facilitate organizational performance (see Moynihan & Pandey, 2005). For example, the majority of managers interviewed for this study recognized that sources of political authority impacted the objectives pursued by their organizations. Interestingly, numerous managers found

ways to shape the nature of the relationships with the sources of publicness imposing external control over the organization. According to one respondent:

One of the things we have to do is be a political animal. The substantial bulk of our funding comes from public entities and contracts we have with our county, and the county is the middleman between our state and federal funding. It ends with us providing services through contractual relationships...When I sit through [county] meetings, I often bite my tongue and benefits accrue. One thing that an astute organization like ours does is maintains a type of political connectedness. Whereas some people develop relationships primarily with people in Washington, we develop a network of relationships primarily here at home. Agencies with political connectedness thrive; agencies that are more self-defined may find it more difficult to thrive. (Manager No. 03131230, personal communication, December 30, 2013)

Thirdly, managing publicness entails understanding that dimensions of publicness impact one another. That is, publicness institutions are not exclusive unto themselves in the process of impacting public outcomes. The directional relationship between distinct dimensions of publicness was demonstrated during interviews with senior managers. Numerous respondents indicated how political authority institutions impacted organizational degree of social equity, such as through legal requirements to

adhere to the Americans with Disabilities Act, civil rights, public accommodation, and non-discriminatory hiring practices. Additionally, governmental funding was often contingent on facilities seeking specific clients, including the elderly, those with low socioeconomic status, or those involuntarily committed from the forensic population. Political authority also impacted organizational transparency through laws such as the Freedom of Information Act. Managers also indicated that external engagement influenced social equity by creating channels through which mental health services could be actively marketed to underserved populations by organizations like the United Way and the Children's Services Council. External engagement also influenced transparency, such as when organizations like the Joint Commission of Health Care Organization publish the results of accreditation procedures.

Fourth, managers must ensure that there is a conscious awareness—throughout all levels of the organization—of what publicness entails and the role different dimensions play in an organization's achievement of public objectives. This research, similar to other studies on publicness (e.g. Bozeman, 2013; Moulton, 2009), has placed emphasis on the role of public and private managers in managing publicness, and appropriately so given their role of facilitating the achievement of objectives “through interactions with the organizational environment [and] through employing workable levers to change internal organizational culture, structure, and technology” (Moynihan & Pandey, 2005, p. 412). However, individuals on the front lines of service are responsible for, and have discretion in the process of, implementing legal and managerial directives that impact organizational performance (Lipsky, 1979).

Therefore, managers must emphasize to all personnel the importance of maintaining standards required to maintain membership to accreditation agencies (external engagement) or extending office hours to accommodate individuals who do not work the standard 8am-5pm job (social equity). The structuring of an organization's publicness by the manager in order to achieve public outcomes can only be effective to the extent that there is organizational-wide consciousness of the importance of institutions of political authority, social equity, external engagement, and transparency.

This study may imply that organizations only pursue a single public objective or seek objectives that are not at odds with one another. But this is not the case in actuality. In fact, interviewees noted that their organizations pursue multiple public outcomes, many of which require different (and different levels of) publicness institutions for their achievement. For example, transparency is a relevant consideration when an organization wants to make known to the broader public how it is performing. However, that same level of transparency may not be appropriate when seeking to maintain the confidential records of clients. This begs the question about how managers structure their organization's publicness amidst the pursuit of different objectives. Perhaps one solution is for managers to consider the underlying mission of their organization when they encounter competing performance demands.

So What?: Theoretical and Practical Implications

Managing Publicness

At the heart of management theory is the belief that outcomes can be achieved by making the necessary changes to institutional design, thereby appropriately “structuring” the organization (Moulton, 2009). The “management of publicness” is critical during this process (Moulton, 2009). Managing publicness—making management decisions to structure an organization’s institutional configuration and design as it relates to publicness—can serve as a tool that guides organizations toward identified outcomes, particularly those of public value (Bozeman & Moulton, 2011; Moulton, 2009). The multi-dimensional publicness model clarifies the dimensions and associated institutions critical to the realization of public outcomes. Furthermore, the model may facilitate the integration of empirical and normative publicness considerations, where “‘empirical publicness’ seek to *explain* organizations and their management, in contradistinction to ‘normative publicness’, which seeks to infuse values or to *prescribe*” (Bozeman & Moulton, 2011, p. i363, italics in original). Mental health and substance abuse treatment facility managers, for instance, can manage publicness by specifying a public outcome (e.g., helping individuals with mental illnesses become productive members in society) and then identifying—and strategically managing—publicness institutions (e.g., external engagement through interaction with local employers) that give rise to the identified outcome.

In essence, managing publicness requires managers to consider “what makes [their] organization likely to provide for public outcomes” (Moulton, 2009, p. 889). The publicness structure (and strategies to creating that structure) necessary to achieve a specified outcome is contextual, based on factors such as policy domain (see Meier et al., 2007). Higher levels of publicness, to be sure, do not necessarily lead to an organization’s achievement of public objectives. Rather, institutions associated with political authority, social equity, external engagement, and transparency—to the extent that they are identifiable and controllable (see Lindstedt & Naurin, 2010)—must be the foremost considerations (albeit not necessarily maximized) during management decision-making. Simply put, managerial commitment to public values absent the consideration of an organization’s institutional environment, in terms of publicness, may not be sufficient to achieve of public outcomes (Andrews et al., 2011; Berman & West, 2012; Bozeman, 2013; Hvidman & Andersen, 2014; see Khandwalla, 1977; Meyer & Rowan, 1977).

Realized Publicness Potential

This study better enables scholars to determine an organization’s “realized publicness” potential, the extent to which an organization is structurally capable of achieving public outcomes. Organizations are often classified according to legal ownership—public, private, or non-profit. Ownership has implications for organizational behavior and performance outcomes; however, scholars and practitioners interested in the organizational achievement of *public* outcomes may find

the multi-dimensional conception of publicness particularly useful. This is especially meaningful amidst the current era of governance in which governments and government organizations rarely provide public services independently (Ansell & Gash 2008). Rather, these public enterprises often work collaboratively with private and non-profit organizations to achieve public objectives (Ansell & Gash, 2008). Therefore, an organization's ability to achieve or contribute to public outcomes may be most identifiable through the lens of publicness, specifically in terms of how its publicness structure aligns with the outcomes it is pursuing. Legal ownership may be less meaningful in this regard, unless considered alongside institutions of political authority, social equity, external engagement, and transparency.

Limitations and Recommendations

Secondary Data

There are a number of limitations in this study that should be addressed. The first concerns the data utilized. The primary limitation of secondary data is that it was not created for the specific purposes of this study. The 2011 National Survey of Substance Abuse Treatment Services, to recall, provides comprehensive data on general health service organizations, primarily mental health and substance abuse treatment facilities. Data on facility characteristics provided indicators that were reflective of the publicness dimensions being measured in this study. However, the data that proved most valuable for this research were dichotomously measured. Although categorical data are suitable for studies employing CFA, it is at odds with the central premise of

the publicness construct: publicness is not a categorical phenomenon, rather it is continuous (Bozeman, 1987). That is, organizations are more or less public as opposed to strictly public or private. Measures should reflect the nature of the phenomenon being measured. To be sure, the four-dimensional model is comprised of a *series* of binary indicators, multiple for each dimension. Quantitatively speaking, this formulates a continuous overall measurement of publicness given the infinite number of publicness dispositions on which an organization could take. Future research should nonetheless measure each publicness dimension continuously, whether this is achieved by using primary or secondary data. This would create greater variation of publicness when examining its effect on organizational behaviors and performance outcomes.

Control Variables

There were a number of control variables not included in quantitative analysis. Antonsen and Jorgensen (1997) indicate that “variations in [organizational] publicness may be a function of size, environmental complexity, or political control” (p. 352). In terms of organizational size, the National Survey of Substance Abuse Treatment Services provided client counts (based on a single reference date, March 30) and yearly admissions numbers. However, these are unstable indicators of organizational size compared to a measure such as employee counts (i.e., full-time equivalent), which are not provided. In spite of this empirical limitation, I maintain that the findings would hold had facility size been accounted for. Interviews with public, private, and non-profit managers overseeing 11 to 1,900 employees indicate that the dimensions

associated with publicness are consistent across mental health and substance abuse treatment facilities regardless of size.

Factor Analysis Structure

Another limitation centers on the structure of the factor analysis model. The publicness model confirmed in this study was based on a correlated model. When analyzing correlated models, verifiable results contain significant ($p < .05$) positive relationships and discriminant validity amongst factors, indicators with face validity measuring each factor, and acceptable fit indices. Meeting these criteria allowed for confirmation of the multi-dimensional conception of publicness. Future research seeking to understand the dimensions associated with publicness should conduct factor analyses incorporating a hierarchical structure. This would not only identify the factors associated with publicness (as achieved in this study), but the *degree* to which institutions associated with each factor is present in a given context. In other words, although this research highlights the factors associated with publicness, it does not quantitatively uncover the level at which each factor exists in mental health and substance abuse treatment facilities. Qualitative findings from manager interviews indicate that health service organizations are highly regulated by governmental and accreditation sources. Therefore, the political authority and external engagement dimensions may hold institutional relevance at a level not achieved by social equity and transparency. Simply put, dimensions of publicness are not created equal and vary from one policy environment to the next. An organization's publicness disposition

sheds light on the structural institutions that are (and are not) initially available to be managed in the pursuit of public outcomes.

This study could also be improved by producing a structural equation model to understand the factors associated with publicness (see Figure 2.1). Structural equation models include directed arrows between latent factors. For example, although political authority and social equity are distinct dimensions, political authority has an impact on an organization's level of social equity (see Frederickson, 2005). Structural models produced in the context of factor analyses result in a more accurate assessment of measurement fit (Little, 2013). To be sure, the confirmation of factors (through correlated models) is a crucial first step because it tests the adequacy of expected relationships between the measured indicators and latent factors and is generally tied to overall quality of the measurement model (Little, 2013). This first step is particularly critical given that the model expands the conception of publicness from one dimension to multiple.

Measurement Invariance across Sectors

The area of improvement that would arguably most benefit public management scholarship relates to measurement invariance/equivalence. Analyzing measurement invariance requires testing the same measurement model in distinguishable groups. Testing for measurement invariance improves measurement quality and understanding of a construct (Vandenberg & Lance, 2000). In terms of this research, is the measurement of multi-dimensional publicness confirmable in government, private, and

non-profit organizations when analyzed separately according to ownership? To recall, the samples tested in this study were each comprised of government, private, and non-profit facilities. Because publicness theory holds that all organizations are public, measurement invariance of the publicness model is essential.

External Validity

This study does not examine generalizability. Analysis was conducted exclusively in the context of mental health and substance abuse treatment facilities. Research should test the theory of multi-dimensional publicness in other organizational contexts, such as education, energy, and housing. In other words, do the findings here contain external validity? Future research may benefit from a generalizable metric or survey instrument for measuring publicness. Organizational analyses pertaining to organizational form become less complex when a consistent definition of publicness, one that captures its full character, has been defined (Meier & O'Toole, 2011). To the extent that this definition is operational, scholars will be better positioned to empirically assess the effects of publicness in organizations (Meier & O'Toole, 2011).

Defining Publicness

Re-defining publicness is critical to this research moving forward. The appeal of Bozeman's (1987) original definition, "the extent to which an organization is subject to political authority", is that it is simple and measureable. In addition to expanding the publicness construct, researchers would benefit from a definition that is concise and

operational. This is a critical component to theory building. By re-defining publicness, the table will be set for public management scholars to further clarify what it means to be a “public” organization.

Directions for Future Research

Employing the Multi-Dimensional Publicness Framework

Confirming the multi-dimensional model of publicness is only the first step of theory building in this area. In order to maximize the model’s utility, it must be employed to understand how institutions of political authority, social equity, external engagement, and transparency work together to elicit various organizational behaviors and performance outcomes.

To recall, publicness has previously been used as a framework to understand organizational outcomes, such as those associated with information technology (Bretschneider, 1990), strategic management (Bozeman & Straussman, 1990; Nutt & Backoff, 1993), ethical work climate (Wheeler & Brady, 1998; Wittmer & Coursey, 1996), managerial reforms and hollowing out (Antonsen & Jorgensen, 1997), collaborative public-private partnerships (Andrews & Entwistle, 2010), productivity (Bozeman & Bretschneider, 1994), goal ambiguity (Chun & Rainey, 2005), quality management (Goldstein & Naor, 2005), organizational networks (Isett & Provan, 2005), internal resource acquisition functions (Scott & Falcone, 1998), and performance (Feeney & Welch, 2012). Publicness is also associated with the behavior of organizational actors with regards to employee motivation (Brewer & Brewer, 2011),

public service behaviors (Moynihan & Pandey, 2005), managerial decision making (Coursey & Bozeman, 1990), and the risk aversion of managers (Bozeman & Kingsley, 1998). Lastly, publicness has served as a lens to understand policy outcomes with respect to mortgage lending (Moulton & Bozeman, 2011), transportation (Boschken, 1992), and substance abuse treatment (Heinrich & Fournier, 2004; Miller & Moulton, 2013).

Applying the expanded model to understand these and other outcomes and behaviors will better highlight the effects of an organization's publicness. For example, Wittmer and Coursey (1996) explore the association of legal ownership, an institution related to political authority, to ethical work climates. The multi-dimensional model may uncover the varying association between each publicness dimension and ethical work climate. External engagement in the form of regulation by accreditation agencies, hypothetically speaking, may enhance an organization's ethical work climate. Social equity and transparency may also enhance ethical work climate, but to different degrees. Simply put, the effects of organizational form are not adequately highlighted when publicness is viewed through the prism of political authority alone.

Managing Publicness in Decentralized Settings

Future research should offer prescriptions for "managing publicness" in organizational settings with multiple and highly decentralized units (e.g., local governments, universities). For example, local governments contain multiple departments (e.g., police, fire, parks and recreation, finance, public works), each

offering a highly specialized set of services. In addition to meeting departmental performance standards, units must fulfill the mission and broader goals of the municipality at-large. Departmental and municipal goals may not be inherently aligned. How does the city manager manage the locality's overall publicness, while guaranteeing that unit managers are provided adequate latitude to achieve distinct public outcomes? Municipalities should be analyzed in publicness research because it is the level of government closest to the people, and perhaps the level at which public outcomes are most meaningful. Senior and middle managers in other decentralized settings, such as universities, would also benefit from such prescriptions.

Publicness and Multi-Organizational Arrangements

This research explores the dimensions that comprise the publicness construct in the context of individual organizations. Yet, organizations often “[work] across boundaries and in multi-organizational arrangements to solve problems that cannot be solved easily or by a single organization” (Ansell & Gash, 2008). Networks, “public policy making and administrative structures involving multiple nodes (agencies and organizations) with multiple linkages” (McGuire 2002, p. 600), are an example of a multi-organizational arrangement. In light of increasingly horizontal organizational structures, understanding publicness and its effects may be best analyzed in multi-organizational contexts as opposed to individual organizations. In fact (and proceeding the outcomes achieved in collaborative environments), publicness may be a lens through which scholars predict the agencies with which an organization collaborates.

Do organizations collaborate with agencies that share a similar publicness disposition or that fill an institutional void? This is likely contingent upon the objectives the principal organization pursues. For example, an organization aiming (but not institutionally structured) to better serve underrepresented groups may partner with agencies comprised with high levels of social equity. Simply put, multi-dimensional publicness provides potential to better understand the institutions guiding the initiation of organizational partnerships and the outcomes that result from these multi-organizational arrangements.

Summary

Chapter 5 provided interpretation of findings regarding the multi-dimensional publicness model. Interpretation included a discussion of the results, implications, limitations and recommendations, and directions for future research. A discussion of the results shed light on how this study benefited from a mixed-methods analysis. Theoretical and practical implications highlighted the model's utility for "managing publicness" and identifying an organization's realized publicness potential. The limitations and recommendations centered on research design and methodology. Lastly, directions for future research emphasized the importance of employing the multi-dimensional model to understand the effects of publicness on various organizational behaviors and outcomes. Future research will also be directed at understanding publicness in decentralized settings and multi-organizational arrangements.

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Appendix A: Interview Protocols

Figure A1: Formal Interview Invitation

Hello Dr./Mr./Ms. (manager name):

This e-mail is a formal invitation to participate in an interview for a study I am conducting as part of my doctoral dissertation in the School of Public Affairs and Administration at the University of Kansas. Below is information about this study and what your involvement would entail if you decide to take part.

This interview will focus on the concept of *publicness*, which maintains that all organizations have “public” features due to their exposure to government. Recent studies have informed us that what makes an organization public extends beyond governmental features (e.g., sector affiliation). These public features have implications for organizations. This interview would provide me with a clearer understanding of the concept of publicness in the context of behavioral health organizations. I believe that because you are involved in management, you are best suited to participate in an interview on how my research applies to your organization.

This interview is expected to take approximately 30 minutes and would take place over the phone. Your participation is solicited, although strictly voluntary. You may decline to answer any of the interview questions if you wish. Further, you may decide to withdraw from the interview at any time. With your permission, the interview will be tape-recorded to facilitate collection of information and later transcribed for analysis. Your identifiable information will *not* be shared and questions regarding clients will *not* be asked.

If you are willing to participate, please contact me at (e-mail address) or (telephone number) to schedule a day and time for the interview. You may also contact me if you would like additional information to assist you in reaching a decision about participation.

I hope that the results of this study will benefit your organization directly as well as the broader research community. I look forward to speaking with you and thank you in advance for your assistance in this project.

Sincerely,
Cullen C. Merritt
Ph.D. Candidate
School of Public Affairs & Administration
University of Kansas

Figure A2: Interview Protocol

Barry Bozeman (1987), a public administration researcher, contends that all organizations have “public” features, or certain levels of *publicness*, due to their exposure to law/government. Exposure to legal authority has a number of implications for the organization. However, recent studies have informed us that what makes an organization public extends beyond legal features.

The purpose of this interview is to gain a clearer understanding of the concept of “publicness” in the context of health service organizations, specifically mental health and substance abuse treatment facilities. Because you are involved in the management of your organization, I believe you are an ideal participant for this interview.

I have a series of short questions for you. The interview should last no longer than 30 minutes. Your identity will *not* be published. However, may I use a recording device and identify you for my personal transcript please? (Yes No)

Part A

Name:

Name of Organization:

Legal Ownership: (Public Private for-profit Private non-profit)

Organizational title:

Number of years in this position:

Approximate number of employees you oversee:

Organizational mission:

Part B

1. Generally speaking, what does being a “public organization” mean to you?
2. What characteristics make *your* organization “public”?
3. What performance outcomes of your organization do the broader public feel are important?
4. What characteristics of your organization enable it to perform well in these areas?
5. Envision a scenario in which your organization is not performing well in the areas you just mentioned: (a) As a manager, what strategies or activities do you put into place to improve performance in these areas? (b) What outside sources dictate your management decisions when you seek to improve performance in these areas?
6. Is there anything else about your organization’s publicness that you think I should know?

Table B3: Split Sample 3 Descriptive Statistics and Correlations

Dimension indicators	Mean	SD	Range	Obs*	Tetrachoric Correlations**											
					PA1	PA2	PA3	SE1	SE2	SE3	EE1	EE2	EE3	TR1	TR2	
Political Authority 1	0.32	0.47	0-1	961	1.00											
Political Authority 2	0.57	0.50	0-1	971	0.73	1.00										
Political Authority 3	0.38	0.49	0-1	930	0.58	0.63	1.00									
Social Equity 1	0.52	0.50	0-1	998	0.22	0.38	0.26	1.00								
Social Equity 2	0.35	0.48	0-1	998	0.01	0.09	0.06	0.59	1.00							
Social Equity 3	0.48	0.50	0-1	994	0.11	0.20	0.13	0.74	0.70	1.00						
External Engagement 1	0.03	0.18	0-1	884	0.22	0.02	0.04	-0.05	-0.04	0.05	1.00					
External Engagement 2	0.06	0.23	0-1	887	0.18	0.18	0.05	-0.08	-0.08	-0.10	0.64	1.00				
External Engagement 3	0.21	0.41	0-1	937	0.25	0.09	0.01	0.01	0.04	0.05	0.42	0.20	1.00			
Transparency 1	0.75	0.44	0-1	993	0.23	0.13	0.20	0.19	0.15	0.20	-0.02	0.06	-0.17	1.00		
Transparency 2	0.93	0.26	0-1	997	-0.15	0.01	0.04	0.10	0.04	0.05	0.05	0.28	-0.19	0.40	1.00	

N=1,000

*Number of observations prior to mean imputation

**Based on imputed data

Figure B5: Respecified Model Descriptive Statistics and Correlations

Dimension indicators	Mean	SD	Range	Obs.*	Tetrachoric Correlations**									
					PA1	PA2	PA3	SE1	SE2	SE3	EE1	EE2	EE3	
Political Authority 1	0.32	0.47	0-1	12,790	1.00									
Political Authority 2	0.59	0.49	0-1	12,895	0.68	1.00								
Political Authority 3	0.39	0.49	0-1	12,392	0.52	0.64	1.00							
Social Equity 1	0.55	0.50	0-1	13,132	0.21	0.39	0.28	1.00						
Social Equity 2	0.37	0.48	0-1	13,130	-0.04	0.02	0.02	0.60	1.00					
Social Equity 3	0.47	0.50	0-1	13,123	0.10	0.19	0.15	0.76	0.67	1.00				
External Engagement 1	0.03	0.16	0-1	11,800	0.29	0.08	0.07	0.11	0.02	0.06	1.00			
External Engagement 2	0.05	0.22	0-1	11,842	0.18	0.21	0.09	0.06	-0.01	-0.01	0.63	1.00		
External Engagement 3	0.18	0.39	0-1	12,533	0.37	0.16	0.10	0.04	-0.12	-0.02	0.42	0.04	1.00	
N=13,151					*Number of observations prior to mean imputation					**Based on imputed data				